

ROOFING PERMIT APPLICATION



Building Department
25 Lagrange Street
Newnan, GA 30263
Ph. 678-673-5413 Fax 770-254-2361
Email – jcantrell@cityofnewnan.org



Subject Property

Address: _____

Number and Street

Subdivision

Applicant Name: _____

Name

Contact Phone Number

Applicant is: Contractor: _____

Company Name if other than applicant name

Homeowner

Proposed roof covering:

Asphalt Shingles (2 layers max)

TPO, PVC or EPDM (overlay only - if exposing roof deck or adding roof structure, commercial permit required)

Other _____

Email address: _____

If you wish to receive instant results of inspection via email

Cost of the project: _____

Estimate cost if unknown

Signature of Applicant

Date Signed

Payment: Check # _____ Cash _____

Credit Card # _____ Type _____ CVV _____

Name on Card _____ EXP _____