

Roofing Permit Number: _____

Town of New Palestine Roofing Permit Application

42 East Main Street
New Palestine IN 46163
Inspections (317) 861-4727
BMcNamara@NewPalestine.in.gov

APPLICATIONS MUST BE TURNED IN TO BUILDING INSPECTORS OFFICE IN PERSON OR BY EMAIL

Location of Construction Activity

Address _____

Lot # _____ Subdivision _____

Occupant / Contract Buyer of the Premises

Where Work is to be Carried Out:

Name _____

Address _____

Phone # _____

Email _____

Contractor Responsible For This Permit

Contact Person _____

Contractor _____

Address _____

Phone # _____

Fax # _____

Email _____

Required Information

Commercial _____ or Residential _____ *check one*

Tear Off _____ or Overlay _____ *check one*

Roofing Material to be installed:

Type of Valley Lining to be Used:

Scope of Work _____

APPROXIMATE VALUE OF WORK \$ _____

****DUMPSTERS MUST NOT BE PLACED IN STREET ****

Jim Robinson – Building Inspector

Date