



106 Dorman Street

Harrington, DE 19952

(302) 398-3530

DATE _____

PERMIT NO. _____

ROOF PERMIT APPLICATION

Property Owner: _____

Property Address: _____

Property Owner Phone/Email: _____

Map/Parcel: _____

Zoning: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone/Email: _____

City of Harrington Contractor License No. _____

Type of Roof:

(Check One) Asphalt: _____ Metal: _____ Other (Please List): _____

Estimated Cost of Project: \$ _____

Applicant's Certification: By completing this application, the applicant hereby certifies as follows under penalty of perjury: (1) I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized to by the owner to make this application as their agent; (2) That the information on this application (and construction documents) provides full disclosure and is accurate to the fullest extent possible; and (3) That the information contained in the application and construction documents is in compliance with all applicable covenants or deed restrictions.

Applicant's Signature: _____ Date: _____

Applicant Printed Name: _____

Office Use Only

Building Official _____ Date _____

Permit Fee \$ _____