



**Chatham County Department of Building
Safety & Regulatory Services**
P.O. Box 8161, Savannah, GA 31412-8161
912-201-4300 - Fax 912-201-4301



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO, CFM
Assistant Director

ROOFING PERMIT APPLICATION

P.I.N.: _____ *PIN can be obtained from the Tax Assessors Office (912) 652-7271.*

Project Address: _____

Owner:

Name: _____ Phone No. (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Description of work to be performed: Residential Commercial

Description of shingles/metal roof _____

Contractor Name: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____ Fax No. (____) _____ - _____

Local License # _____ Jurisdiction _____

Total Cost \$ _____

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Occupancy or Certificate of Completion when all required inspections have been approved.

Owner/Agent _____

Date _____