



City of Riverside



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# ROOFING PERMIT APPLICATION

COMPLETE EACH SECTION.

CHOOSE ONE: Commercial Residential

CHOOSE ONE: New Construction Addition Alteration Repair Other \_\_\_\_\_

Job Address: \_\_\_\_\_ Lot No: \_\_\_\_\_ a \_\_\_\_\_

OR Parcel PIN: \_\_\_\_\_ Find online at <https://map.stclairco.com/parcelviewer/>

Roofing Contractor Name: \_\_\_\_\_

Roofing Business Name: \_\_\_\_\_

Contractor Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Total Amount of Contract: \$ \_\_\_\_\_ a \_\_\_\_\_

I certify that the information given above is correct and true to the best of my knowledge and the work authorized upon this application is to be done in accordance with the currently adopted edition of the International Building Code and that I am fully licensed and certified as required by city, state and federal laws. The parties hereby agree that this document may be executed with electronic signatures and shall be valid and binding on the parties.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*Minimum permit fee is \$20.00  
- \$20.00 for First Re-Inspection  
- \$50.00 for each additional Inspection

Please submit completed application by email to [revenue@riverside-al.com](mailto:revenue@riverside-al.com).

RGTO K/HGG \$ \_\_\_\_\_

BUILDING INSPECTOR APPROVAL	BL# _____	OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY REC: PF: ISD: OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY	PERMIT No. _____
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