



CITY OF RICHLAND HILLS

PLANNING AND COMMUNITY DEVELOPMENT

3200 Diana Dr.
Richland Hills, TX 76118

Phone: (817) 616-3770

Fax: (817) 616-3808

ROOFING PERMIT CHECKLIST

Submittal documents should be complete to expedite plan review and permit issuance

PERMIT APPLICATION

ROOF QUESTIONNAIRE

CONTRACTOR REGISTRATION

ROOFING CERTIFICATION

ROOFING QUESTIONNAIRE

- | | | | |
|---|--|-------------------------------|----------------------------------|
| 1 | Is this a residential project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Do you reside at the location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Is the existing roof or roof covering water-soaked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Has the existing roof or roof covering deteriorated to a point where it is not adequate to be used as a base for additional roofing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | What type of roof or roof covering exists on the structure? | <input type="checkbox"/> Comp | <input type="checkbox"/> Bitumen |
| 6 | Does the existing roof have two or more applications of any roof covering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Will there be any roof decking replaced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Has an asbestos survey been performed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Contact Information:

Permit status and inspection request: (817) 616-3770 or (817) 616-3765

Inspection fax: (817) 616-3808

What is the square footage (area) of the roof?

First floor:

Garage:

Other:

ROOFING CERTIFICATION

I hereby certify that flashings have been reconstructed in accordance with approved manufacturer's installation instructions.

Signature:

Date:

I hereby certify that metal flashing adhered to bituminous materials (e.g.: heavy petroleum-like product) were primed prior to installation.

Signature:

Date:

I hereby certify that the roof and roof coverings were installed in accordance with approved manufacturer's installation instructions and that all laws and ordinances governing this type of work have been complied with whether specified or not.

Signature:

Date:

For Official Use only

Receipt #

Comments:

Date Received:

Fee amount:

Expiration Date:

Issue Date:



CITY OF RICHLAND HILLS

PLANNING AND COMMUNITY DEVELOPMENT

Building Permit Application

3200 Diana Dr.
Richland Hills, TX 76118
Phone: (817) 616-3770
Fax: (817) 616-3808

Business/Tenant Information

Applicant Name: _____	Permit #: _____
Location Address: _____	Zoning: _____
Lot: _____ Block: _____ Subdivision: _____	Sq. Ft. _____
Contractor Name: _____	Email: _____
Phone Number: _____ Fax Number: _____ Mobile Number: _____	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other	
Type of work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition	

Has an asbestos survey been performed? Yes No (Circle one)

Owner Information

Name: _____	Contact Person: _____
Street Address: _____	Email: _____
Phone Number: _____ Fax Number: _____	Mobile Number: _____

Describe the work that is to be performed

What is the square footage (area) of the building?

First floor: _____	Garage: _____
Second floor: _____	Other: _____

What is the total dollar value of the work to be performed? \$ _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a Building Permit does not presume to give authority to violate or cancel the provisions of any other state or local law.

Signature of Applicant: _____ Date: _____

For Official Use only

Receipt #	Fee amount:
Comments:	Expiration Date:
Date Received:	Issue Date: