

## **BUILDING PERMIT APPLICATION**

**City of Genesee** 

BP #\_\_\_\_

Job A	Address:					
1.	Assessor's Parcel Number: T: R	: S:	Parcel #:			
2.	OWNER:	Mailing Address:				
	Phone Number:	1	Email Address:			
3.	CONTRACTOR:	Mailing Addr	iling Address: License Number			License Number:
	Phone Number:	Email Address:				
4.	Use of Building (For this Permit):					
5.	Class of Work: Reroof Siding Windows					
6.	Number of Existing Layers: Will Old Material Be Removed? Yes No					
7.	Brand Name and Type of New Material :					
8.	Change of Window Size or Other Alterations?					
	ture of Applicant	b. Date	c. Signature of Property Owner (If Different than Applicant) d. Date			
			Office Use Only			
SPECIAL CONDITIONS: Under the 2009 IBC/IRC staples are not permitted as a roofing fastener. Two layers of roofing are the maximum allowed. A second layer shall not be installed over wood shakes/shingles. An ice barrier is required for most applications. Safety glazing may be required in certain areas.		SPECI/ APPROV		DATE	COMMENTS	
		PERMIT	FEE	RECEIVED BY:		
null an	NOTICE: ermit applied for with this application becomes ind void if no inspection is requested and med for the work authorized within 180 days	PLAN CH FEE	ECK	PLANS CHECK BY:		
from date of issuance, and/or if no inspection is requested and performed for a period of 180 days from the most recent inspection		TOTAL F	EE	ISSUED BY;		
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 herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.						T ALL WORK WILL BE