



Re – Roof Permit Application

CITY OF LOWELL
216 NORTH LINCOLN STREET
LOWELL, AR 72745
(479)770-2185
Email: risk.reduction@lowellarkansas.gov

FOR OFFICIAL USE ONLY
Review Routing & Approval

Table with 3 columns: Division, Sig. = OK, Date. Row 1: Reviewed By, empty, empty.

DATE: _____

SITE ADDRESS: _____

Owner: Mailing Address: Zip: Phone:
Contractor: Mailing Address: Zip: Phone:
State License # Expiration Date: Email Address:

Single Family: [] Duplex: [] Multifamily (Number of Structures): [] Commercial (Number of Structures): []

Table with 2 columns: Inspection type, Requirement. Rows: REMOVE/DISPOSE OF SHINGLES, DECKING, DRIP EDGE, FLASHING (VENTS, MAST, CHIMNEY & VALLEY), UNDERLAYMENT, FINAL INSPECTION.

THIS PERMIT BECOMES NULL AND VOID IF WORK/CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK/CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME 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 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.

Applicants are strongly advised to determine if your property is covered by private covenants. The city is not responsible for enforcing the terms of private covenants, but serious problems can arise between neighbors when private covenants are violated. Contact your realtor or the county clerk to determine if there are private covenants covering your property.

(Signature of Contractor or Authorized Agent) (Please Print Applicant Name) (Date)

NOTE: TO SCHEDULE INSPECTIONS CALL 479-770-2185 – CONSTRUCTION SERVICES