



**City of Statesboro  
Re-Roof Permit  
Permit No. PD \_\_\_\_\_**

**Job Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Use of Building: S. Fam. Res [ ] Multi-Fam. Res. [ ]  
Com. Bldg. [ ] Other [ ] \_\_\_\_\_.**

**Class of Work: Repair**

**Describe Work: Re-Roof**

**Valuation of Work: \$** \_\_\_\_\_

**Total Re-Roof Fee: \$** \_\_\_\_\_

**Approved For Issuance By:**

\_\_\_\_\_  
**City Official** **Date**

\_\_\_\_\_  
**Signature of Owner/Contractor** **Date**

**Any questions contact (912) 764-0630.**