



City of Statesboro
Re-Roof Permit

Permit No. PD _____

Job Address: _____

Owner: _____

Contractor: _____ Phone: _____

Address: _____

Email address: _____

Applicant: _____ Phone: _____

Address: _____ Phone: _____

Email address: _____

Use of Building: S Fam. Res [] Multi-Fam Res []
Com Bldg. [] Other [] _____.

Class of Work: Basic Re-Roof Pitch Change: []

Valuation of Work: \$ _____

Re-Roof Fee \$ _____

Signature of Contractor/Applicant _____ Date _____

Approved For Issuance By:

City Official _____ Date _____

Any questions contact (912) 764-0630.