

City of Lake Worth  
 Permit Department  
 3805 Adam Grubb  
 Lake Worth, Texas 76135  
 817-237-1211 X 112

Fax 817-237-1333



## COMMERCIAL ROOFING PERMIT APPLICATION

Date:		Permit #:	
Permit Address:			
Current Legal Description:	Block/Abstract:	Lot/Tract:	Addition/Survey:

### PROPERTY OWNER INFORMATION

First Name: or		Middle:		Last Name:	
Company Name:					
Address:			City:		State:
					Zip:
Phone:		Fax:		Email:	
				Mobile:	

### CONTRACTOR INFORMATION

First Name:		Middle:		Last Name:	
Company Name:					
Address:			City:		State:
					Zip:
Phone:		Fax:		Email:	
				Mobile:	

### PERMIT INFORMATION

Property Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Construction Value:
I have the owner's consent to perform this work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Briefly describe work to be done:
What is building used for?	Will there be a change in the use of the property? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please describe:

### PERMIT REQUIREMENTS

<b>The following guidelines apply for this permit:</b> 1) Work must be designed and performed in accordance with all Lake Worth Ordinances 2) Permit and inspection fee is \$200.00. (reinspection fees may be assessed as necessary)
---

This permit, once issued, expires by limitation 180 days from the date of issuance unless construction is commenced and inspection approval is obtained within 180 days of issuance. The authority having jurisdiction shall be permitted to grant an extension of the permit time period for an additional 180 days upon written documentation by the permittee of a satisfactory reason for failure to start or complete the work or activity authorized by the permit. **Only one extension will be allowed. I understand that all permits require a final inspection.**

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 of the performance of construction.

Applicant Signature:	Date:
Printed Name:	Application Received By:

*OFFICE USE ONLY*

**SUBMITTAL DATE INFORMATION**

<b>1<sup>st</sup> submittal date:</b>	<b>2<sup>nd</sup> submittal date:</b>
<b>3<sup>rd</sup> submittal date:</b>	<b>submittal date:</b>

**REQUIRED APPROVAL SIGNATURES**

<b>Permit application and plans have been reviewed and are released for construction.</b>		
<b>DEPARTMENT</b>	<b>SIGNATURE</b>	<b>APPROVAL DATE</b>
<b>BUILDING DEPARTMENT</b>		

**PAYMENT INFORMATION**

<b>Permit Fee:</b>	<b>Date Paid:</b>	<b>Receipt #:</b>	
<b>Property Zoning:</b>	<b>Ownership Verified:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Taxes Paid:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Liens Paid:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Property Platted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Site Plan Submitted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Permit Expiration Date:</b>	<b>Completion Date:</b>

**VARIANCE INFORMATION**  
*(Only to be completed if variance required)*

<b>Variance Case #:</b>	<b>Meeting Date:</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>
-------------------------	----------------------	---

<b>Comments/Notes:</b>
------------------------