City of Cimarron
City Inspector's Office
119 S. Main St.
P.O. Box 467
Cimarron, Ks. 67835
Phone 620-855-2215
Fax 620-855-3183

City of Cimarron
Love Where You Live

Roofing

Site Address (Dirección del sitio) _____ Best Time to Call: _____ AM/PM - _____AM/PM

Building Owner (Dueño del edificio) _____ Phone # (Num de tel)_____
Owner Address (Dirección del dueño)_____City (Ciudad)_____ State (Estado)_____

Building Occupant (Ocupante del edificio) _____ Phone # (Num de tel)_____

Licensed Contractor (Contratista licenciado)_____

Kansas Roofers Registration Number (Numero de registro de techadores) _____

Type of Building (Tipo de edificio)

☐ Single Family (Casa) ☐ Garage (Garajé) ☐ Shed (Cobertizo) ☐ Commercial (Comercial)

Type of Material (Tipo de material)

☐ Shingle/Asphalt (Teja/Asfalto) ☐ Metal (Metal) ☐ Shake (Madera)

☐ Overlay of Existing Shingles (Sobre el techo existente) ☐ Other (De Otro) _____

Roof Area (Area de techo) Number of Squares (Numero de cuadraros) _____
Valuation: $_____

Building Code R908.3 Roof Replacement; Roof replacement shall include the removal of existing layers of roof coverings down to the roof deck

Initial_____ **All layers of shingles and underlayment are required to be removed when reroofing.** (Se requerirá que se retiren todas las capas de teja y el contrapiso inferior cuando se reemplace el techo.)

Applicant Signature: _____ Date: _____

DO NOT WRITE IN THIS BOX. FOR OFFICE USE ONLY
Application received by_____ Date_____

Inspections: NRP____RHID_____ Approved_____ Initial_____ Date_____

Permit No: _____ **Permit Fee:** **$**_____

Notes: