RESIDENTIAL RE-ROOFING PERMIT CHECKLIST Thibodaux, Louisiana



1. Documents Needed:

□ Completed Renovation/Addition Permit Form (available online or in person)

□ Copy of State Cont	ractor's License		
□ Existing Roof Type			
□ New Roof Type			
Description of Structu	re (Circle One)		
(HOUSE)	(TRAILER)	(APARTMENT)	(OTHER)

NOTE: 2021 International Residential Code

*Shingles required to meet ASTM D 3161, Miami/Dade County Specs, or equivalent; 6 nails per shingle minimum. Initial:

*If replacing decking you must use a minimum of 5/8" sheathing. Initial:

Applicant/Installer must call for inspection during installation of roof. If inspection is not called for while work is being done, the inspection **FAILS**. Initial _____

I/We acknowledge that I/we have read the above requirements, and I/we have provided all required documents. Init._____

Project Address: _____

Printed Name: ______ Signature: _____

Date: _____

RENOVATION/ADDITION BUILDING PERMIT APPLICATION Thibodaux, Louisiana

Phone: (985) 446-7208

The undersigned applies for a building permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in duplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. Building Address: 2. Name of Owner: Mailing Address: Home: Work: Cell: Phone No.(s): 3. Name of Contractor: Mailing Address: Phone No.(s): Office: ______ Cell: _____ Cell: _____ Contact: _____ 4. Proposed Use: Select One (1): Residential Commercial Industrial Select Project Type: Alteration/Addition _____ Accessory Building Re-roofing _____ Other (Explain) _____ 6. Lot Area: _____ Percentage of lot to be occupied: _____ % 7. Lot Width: _____ Lot Depth: _____

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8.	Square Feet of Project Area		
	Residential (Living):	Commercial: Industrial:	
9.	Yard Dimensions: Front:	Rear:	_
	One Side:	Sum of Side Yards:	
	Dimensions of Addition: Height:	Size/Dimensions:	

NOTE: This permit shall be void if work is not started within six (6) months or completed within 2 years.

Printed Name:	·	

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Date:

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