



**CITY OF HAYSVILLE
Public Works Department**

401 S. Jane
PO Box 404
Haysville, KS 67060
Phone: 316/529-5940 | Fax: 316/529-5945
dsmith@haysville-ks.com
nstark@haysville-ks.com

**Roofing and Siding
Permit Application**

PROJECT INFORMATION

Project Address:		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Contractor Business Name (or responsible party doing work):		Contractor License #:	
Contractor Address:		Contractor Phone #:	KS Roofing Registration Certificate #:
Property Owner:	Phone #:	Property Owners Address (if different from project address):	

DESCRIPTION OF WORK

Type of Improvement:	<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding	<input type="checkbox"/> Both
Roofing Material:	<input type="checkbox"/> Shake	<input type="checkbox"/> Comp	<input type="checkbox"/> Asphalt <input type="checkbox"/> Built-up <input type="checkbox"/> Other _____
Number of Existing Layers:	_____		
Siding Material:	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Metal	<input type="checkbox"/> Other _____
Total Valuation of Roofing:	Total Valuation of Siding:		

I/We understand that all provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not.

I/We acknowledge that the \$25.00 application fee is non-refundable.

SIGNATURE: _____ Owner Agent or Contractor

OFFICE USE ONLY		
Date/Time Application Received: _____	Fee: _____	Receipt #: _____