



**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 Name (or responsible party doing work):		Contractor License #:
Contractor Address:	Contractor Phone #:	KS Roofing Registration Certificate #:
Property Owner:	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 #: _____