



Roofing Permit Application

Permit Status

PROJECT INFORMATION

Project Address		
Business Name of General Contractor	General Contractor Email	Phone

DESCRIPTION OF WORK

Description of work to be done:

Check one: Single-family (detached) Zero-lot line Duplex Townhome Multifamily

NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant Name (print)	Applicant Signature	Date
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For inspections, please email your request to: inspections@annatexas.gov