

SPENCER TOWNSHIP
14960 MEDDLER ROAD
GOWEN, MI 49326

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ROOFING PERMIT APPLICATION OR SIDING PERMIT APPLICATION
(PLEASE CIRCLE ONE)

JOB ADDRESS: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER PHONE NUMBER: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE NUMBER: _____

CONTRACTOR EMAIL: _____

RESIDENTIAL – SINGLE FAMILY OR DUPLEX (CIRCLE ONE)

SINGLE STORY OR TWO STORY (CIRCLE ONE)

ROOFING INFORMATION:

MATERIALS: _____

TOTAL SQUARES: _____ ROOF PITCH: _____ STORIES: _____

INSPECTOR DOES NOT HAVE LADDERS, CONTRACTOR LADDER SET REQUIRED

.....
***SIDING INFORMATION

MATERIALS: _____

SQUARES: _____

VALUATION: _____

I CERTIFY THAT ALL INFORMATION LISTED HEREIN IS ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS ON THIS APPLICATION MAY RESULT IN THE SUSPENSION OR REVOCATION OF ANY PERMIT ISSUED, OR THE DENIAL OF THE ISSUANCE OF A PERMIT

PRINT NAME: _____

SIGNATURE OF APPLICANT: _____