622 Crook Street
Custer, SD 57730

Planning Department

Phone: (605) 673-4824
Fax: (605) 673-2411

ROOFING PERMIT APPLICATION

Applicant Information	(Owner of property if different than applicant)
Applicant_____	Owner _____
Address_____	Address_____
_____	_____
City *State* *Zip*	*City* *State* *Zip*
Phone _____	Phone _____
E-mail: _____	E-mail: (optional) _____

PROPERTY INFORMATION

Project Address _____

Lot ____ Block ____ Legal Description _____

CONTRACTOR INFORMATION

Business Name _____

Contractor's City License Number _____

Excise Tax Number_____

Insurance Expiration Date _____

PROJECT INFORMATION

Valuation of Project $_____

Residential Building _____($25.00 Fee)

Commercial Building _____ ($50.00 Fee)

- Ice Barrier shall extend from the lowest edges of all roof surfaces to a point at least 24" inside the exterior wall line of the building. IBC 2012 1507 2.8.2
- It shall be the duty of the holder of the building permit or their duly authorized agent to notify the building official when work is ready for Inspection IBC 2012 [A] 110.5

I understand that placement of underlayment is to be inspected prior to putting shingles on.

Applicant Signature_____ Date_____

Office Use Only

Date Filed _____

Permit Fee _____

Permit / Receipt number _____

Issued by_____ Date_____