Leroy Township Building Department 1685 N. M-52
Webberville, MI 48892
(517) 521-4929
buildinginspector@leroytownship-mi.gov

To Be Completed	By Building Inspector
Permit Date:	
Permit #:	

RE-ROOF PERMIT APPLICATION

Applicant Name:		
Applicant Address:		
Applicant Phone #:		
Applicant E-Mail Address:		
Applicant Contractor's License #:		
Location of Re-Roof Site:		
Owner Name:		
Owner Address:		
Owner Phone #:		
Owner E-Mail Address:		
PLEASE SUBMIT THE FOL	LOWING WITH APPLICAT	TION
Number of Layers to be Removed:	New Sheath: Yes:	No:
ONE DAY NOTICE NEEDED TO OBSER	VE ROOF STRIPPING – CA	LL (517) 521-4929
Applicant Signature:	Date:	
Permit Fee: \$170.00		
	Timothy S. O'Neil, B	uilding Inspector