

**FILLMORE CITY
RE-ROOFING PERMIT**

Application No. _____
Name of Applicant _____
Address _____
Phone _____
Job site _____
Type or purpose of work _____
Contractor _____
Owner Signature: _____
Date: _____

INSPECTION REPORT
Date of Inspection _____
Remarks _____

Building Inspector Approval: _____
Date: _____

PERMIT

Permit # _____ Date _____
This application becomes a valid permit when signed by the Fillmore City Recorder.

City Recorder: _____
Date: _____