



# Roofing Permit Application

101 East Main St.  
Robstown, Texas 78380  
Phone (361) 387-4589 Opt.5

Building Inspection Department  
P.O. Box 892  
Robstown, Texas 78380  
Email: qc\_hub@cityofrobstown.com

Date \_\_\_\_\_  
Property Owner or Company Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

(Check One)  Residential  Commercial

Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Lot size \_\_\_\_\_ Sq. Ft. of Lot \_\_\_\_\_ Zoning \_\_\_\_\_ Windstorm:  Yes  No

**TDI Windstorm Engineer Information: (if yes)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Provided WPI-1  Yes  No

**Job Information:**

Scope of Work: (required):

No. of Stories \_\_\_\_\_ Building Height \_\_\_\_\_ Foundation \_\_\_\_\_

New Roof Type (Check One)  Composition  Metal  Wood

Other: \_\_\_\_\_

Sq ft \_\_\_\_\_ Years \_\_\_\_\_ Valuation of Job \$ \_\_\_\_\_

**Contractor Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

Upon obtaining such permit, I am agreeing to comply with OED.904, which states: All construction and debris will not be place in my property or City's right-of-way. I will dispose of such materials in a proper disposal site. The foregoing is a true and correct description of the improvement contemplated by undersigned applicant and the applicants states that he will have full authority over the construction of same and hereby agrees to comply with all ordinances of the city applicable to building and zoning and assumes all responsibility for such compliances. Permit valid for six months.

Owner or Agent \_\_\_\_\_ Print \_\_\_\_\_

Approved for Issuance: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Issue By: \_\_\_\_\_

TYPES OF PAYMENT: CHECK OR MONEY ORDER ONLY

Final Inspection or WPI-8 Required to close permit