



Village of Walton Hills
7595 Walton Road • Walton Hills Ohio, 44146

ROOFING PERMIT APPLICATION
Complete Tear Off Is Mandatory (If Applicable)

Permit # _____ Fee: _____ Estimated cost: _____ Date: _____

Project Address: _____

Property Owner Name: _____

Property Owner Address (if different): _____ Phone No: _____

City: _____ State: _____ Zip: _____

Roof Project Type:

House _____ /Garage _____ Garage Only (Peaked) _____ Commercial Sq. Ft. _____
Manufacturer _____ Shingle Color _____ Shingle Year _____

Contractor Information:

Contractor Name: _____

Address: _____ Phone No: _____

City: _____ Zip: _____ Fax No: _____

AUTHORIZATION:

The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.

1. This permit is granted on condition that all work is done according to the ordinances of the Village of Walton Hills, and all Building Code Laws of the State of Ohio and/or of the Village of Walton Hills and any restrictions. On failure to do so, this permit may be revoked and/or fines and penalties may be imposed.
2. This permit holder or his agent shall notify the Building Division 24 hours in advance for inspection, please call 440-399-0850 to schedule your inspection.

Applicant Signature: _____ **Date:** _____

NOTE: All permits are required to be inspected. It is the responsibility of the contractor or applicant to arrange and schedule all inspections with the property owner and the Building Department. Failure to do so is in violation of Village Ordinance.