

# Roofing Permit Application



**City of Seguin**  
108 E. Mountain St., Seguin Texas 78155

Date:
Permit No.

Office Hours: Monday – Friday 8a.m - 5p.m. Contact Information: 830.401.2435 / 830.401.2440 Email: [permits@seguintexas.gov](mailto:permits@seguintexas.gov)

<b>Contractor Information</b>	Company Name:	<b>Site</b>	Address:
	Address:		
	City:                      St:                      Zip:	<b>Owner</b>	Name:
	Phone:		Address:
	Email:		Phone:
	Licensed with City of Seguin? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, See required information needed.		Email:
	Is the work being performed by Homeowner? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**\*If work is being performed by the Homeowner please complete the Homeowner Affidavit section\***

<b>Description</b>	<b>Residential</b> <input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/>	
	Brief Description of Job:	

<b>Residential</b>	<input type="checkbox"/> Main Building	<b>Permit Fee: \$110.00</b>	<b>Commercial</b>	Please complete 2 <sup>nd</sup> page of application.  Commercial Property projects <b>MUST</b> be completed by a Licensed Contractor.	
	<input type="checkbox"/> Garage				Number of Squares:
	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Other:				Type of Roof Covering: <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other:

<b>Homeowner Affidavit</b>	<p>IN ACCORDANCE WITH THE CITY OF SEGUIN ORDINANCE, CHAPTER 18, "BUILDINGS AND BUILDING REGULATIONS", I HEREBY REQUEST A HOMEOWNER'S PERMIT TO PREFORM THE FOLLOW WORK WITH MY OWN HANDS OR BY AN IMMEDIATE FAMILY MEMBER.</p> <p>I HEREBY CERTIFY THAT I AM THE OWNER OF THE HOME LISTED ABOVE AND I OCCUPY THIS HOME AS MY HOMESTEAD. I FURTHER CERTIFY THAT I WILL PERFORM THE WORK WITH MY OWN HANDS OR AN IMMEDIATE FAMILY MEMBER.</p> <p>I HAVE READ AND I AM THOROUGHLY FAMILIAR WITH THE CURRENT BUILDING CODES AND ORDINANCES RELATED TO THE WORK THAT I WILL PERFORM AT MY HOME.</p> <p>I, THE APPLICANT FOR THIS HOMEOWNER'S PERMIT, WARRANT THE TRUTHFULNESS OF ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION AND UNDERSTAND THAT IF ANY OF THE INFORMATION IS INCORRECT THE PERMIT MAY BE REVOKED BY THE BUILDING OFFICIAL.</p>		
	Printed Name	Signature (Homeowner's Signature indicates compliance with the Homeowner's Statement)	Date
	Building Official Signature		Date

<b>Contractor Signature</b>		
Printed Name	Signature	Date:

# COMMERCIAL ROOFING PERMIT INFORMATION

<b>Existing Roof Information</b>	<b>Existing Roof Type</b>	<b>Existing Deck Type</b>	<b>Surfacing</b>
	<input type="checkbox"/> Built Up <input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Wood	<input type="checkbox"/> Gravel
	<input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Wood Shingle / Shake	<input type="checkbox"/> Steel	<input type="checkbox"/> Granules
	<input type="checkbox"/> Thermoplastic <input type="checkbox"/> Tile	<input type="checkbox"/> Concrete	<input type="checkbox"/> Coating
	<input type="checkbox"/> Metal	<input type="checkbox"/> Gypsum	<input type="checkbox"/> Smooth - surfaced
	<input type="checkbox"/> Other:	<input type="checkbox"/> Lightweight Concrete	<input type="checkbox"/> N/A
Existing roof(s) to be removed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      *If Yes, will the removal of existing roof create dust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was an <b>Asbestos Survey</b> obtained for this project: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Removal of Existing Roof:			
Existing insulation: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, approximate thickness:			Number of existing roofs:
Does existing roof have positive drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>New Roof Information</b>	<b>New Roof Type</b>		
	<input type="checkbox"/> Built Up <input type="checkbox"/> Asphalt Shingle	Roof Manufacture:	
	<input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Wood Shingle / Shake	Is new insulation provided <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Thermoplastic <input type="checkbox"/> Tile	*If yes, what type:	
	<input type="checkbox"/> Thermoset <input type="checkbox"/> Coating	Thickness:	
	<input type="checkbox"/> Metal <input type="checkbox"/> Other:	R-Value:	
If a recover system (Not a tear off) : _____			
Preparation: _____			
Separation Layer: _____			
Special Remarks: _____			

## Instructions for Completing

**GENERAL:** Work shall not be started until the application for permit has been filed with the City of Seguin. All work shall be in conformance with the City of Seguin ordinance. Inspection request must be made 24hrs in advance and all inspection (Decking \*if needed, Felt and Final Inspections) must have passed to complete the permit. The building inspections department will need the **job address** and/or **permit number** and **contact information**.

**EXPIRATION OF PERMIT:** A roofing permit is valid for 90 days. A permit shall become invalid if the authorized work is not commenced within 90 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 90 days after the time of commencing the work. **THE PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 90 DAYS OF THE DATE OF ISSUANCE. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.**