



**Metropolitan
Area Building &
Construction
Department**

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

Roofing and Siding Permit Application

Date: _____

Permit Address _____ City _____ State _____ Zip _____

Customer / Homeowner Name (First and Last) _____

Contractor's KS Roofer Registration Number _____

Contractor Name _____ Contractor License # _____ Phone _____ Email _____

Type of Improvement: Roofing Siding Both
 Number of Layers Removed: One Layer Two Layers Re-deck Not Applicable

Proposed Use:
 Single Family Two Family Multi-Family Commercial Detached Garage Agricultural Building

Roof: Total Square Footage of Structure:

Main Floor Finished Area _____
 Attached Garage _____
 Covered Porch _____
 Covered Patio _____
 Other Area Covered by Roof _____
 Total _____

Siding: Total Valuation of Siding: _____

Roofing: Total Valuation of Roofing: _____

All provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority of violate or cancel the provisions of any other Federal, State or Local Law, regulation, construction or the performance of construction.

Applicant Signature _____

Printed Name _____