City of McLouth
110 N Union St
McLouth, KS 66054
Office: 913-796-6411
Fax: 913-796-6131
www.CityofMcLouth.org

Roofing Contractor Application

No Fee Required

Date of issue: _____Permit expires 6 months after the date of issue

Date: _____ Owners Contact number:_____

Name of owner of Property: _____

Address: _____

Roofing work proposed: _____

_____

Kind of Materials used: _____

_____

Estimated Cost: _____ Date work will commence: _____

Name of Roofing Company, roofing contractor or contractor's information:

Kansas Roofing Registration Number: _____K.S.A.50-6,121 et seq. (KRRA)

Name:_____Phone:_____

Address: _____

Additional information: _____

(Inspection fee $50: By appointment, payment due before inspection takes place.)

I hereby certify that the above application are true and correct to the best of my knowledge and agree to comply with all city regulations set forth in the City of McLouth Code and the laws of the State of Kansas.

Signature of Owner: _____Date:_____

Signature of Plumber: _____Date:_____

Office use Only			
Date Received:		Date Approved:	
Received by:		Permit Number:	
Copy of Insurance Received:		Fee:	

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