SHUMS CODA ASSOCIATES

Colorado Regional Office
4610 S Ulster, Ste. 150
Denver, CO 80237
(303) 400-6564
Fax: (925) 463-0691

Corporate Headquarters
5776 Stoneridge Mall Rd, Ste. 150
Pleasanton, CA 94588
(925) 463-0651
Fax: (925) 463-0691

PLEASE CALL PAONIA TOWN HALL WITH QUESTIONS 970-527-4101

PAONIA RE-ROOFING PERMIT APPLICATION

Project Address:			Suite	Application Date
CONTRACTOR (APPLICANT)	Name			☐ Owner ☐ Contractor
	Address	City/State	Zip	Phone
PROPERTY OWNER	Name: Address	City/State	Zip	Phone
COMPLETE TEAR-OFF PROPOSED??	☐ Yes (schedule inspection to see roof-deck)		☐ No (schedule inspection to verify conditions)	
ATTIC OR RAFTER-BAY VENTILATION	Existing Sq. Ft. Ventilation / High (gables, ridge, etc.) _____ Low (soffit) _____ Additional or new ventilation proposed / High _____ Low (may require baffles) _____			
PROJECT INFORMATION	◉ Commercial ◯ Residential	Project Description:		
PROJECT VALUATION	$	PERMIT #		

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions 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 to violate or cancel the provisions of any other state or local law regulating construction of performance of construction.

_____ Print Name of Applicant

_____ Print Name of Owner

_____ Signature of Contractor or Authorized Agent

_____ Signature of Owner (only if owner is applicant)

Project Comments:					
Total Fees (Town Officials to enter fees)	$				

Print Form

Email Form