Permit: _____

IRON COUNTY CONSTRUCTION CODE AND APPEALS BOARD
2 South Sixth Street, Suite 14
Crystal Falls, MI 49920
906-875-3102 Fax: 906-875-4045
ncurtis@ironmi.org

ROOFING APPLICATION

PLEASE PRINT

Structure Changes (slope, pitch, etc.) Yes No
If yes, please complete the Application for Building Permit.

Property Tax Number: _____ D,ate: _____

Name of Property Owner: _____

Address of Property: _____

Cost of Construction: _____ Number of Square: _____

Contractor Information:

Name: _____
Address: _____
Telephone Number: _____
Builders License Number: _____ Exp. Date: _____
Federal Employer ID Number: _____
Workers' Comp Insurance Carrier: _____
MESC Employer Number: _____

_____ _____
Owner/Contractor (Date) Jim Marcell (Date)
Iron County Building Inspector

Please make checks payable to "County of Iron" and send application and payment ($50.00) to above address.

For Office Use:

Check#: ___ Cash: ___ Receipt: _ _