

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: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Cost of Construction: \_\_\_\_\_ Number of Square: \_\_\_\_\_

**Contractor Information:**

Name: _____
Address: _____
Telephone Number: _____
Builders License Number: _____ Expiration Date: _____
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: \_\_\_\_\_