



Roofing Permit Application

101 East Main St.
Robstown, Texas 78380
Phone (361) 387-4589 Opt.5

Building Inspection Department
P.O. Box 892
Robstown, Texas 78380
Email: qc_hub@cityofrobstown.com

Date _____
Property Owner or Company Name _____
Phone _____ Email _____

(Check One) Residential Commercial

Address _____

Lot _____ Block _____ Subdivision _____

Lot size _____ Sq. Ft. of Lot _____ Zoning _____ Windstorm: Yes No

TDI Windstorm Engineer Information: (if yes)

Name _____ Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Provided WPI-1 Yes No

Job Information:

Scope of Work: (required):

No. of Stories _____ Building Height _____ Foundation _____

New Roof Type (Check One) Composition Metal Wood

Other: _____

Sq ft _____ Years _____ Valuation of Job \$ _____

Contractor Information:

Name _____ Phone _____

Company Name _____

Address _____ City _____ State _____

Zip _____ Email _____

Upon obtaining such permit, I am agreeing to comply with OED.904, which states: All construction and debris will not be place in my property or City's right-of-way. I will dispose of such materials in a proper disposal site. The foregoing is a true and correct description of the improvement contemplated by undersigned applicant and the applicants states that he will have full authority over the construction of same and hereby agrees to comply with all ordinances of the city applicable to building and zoning and assumes all responsibility for such compliances. Permit valid for six months.

Owner or Agent _____ Print _____

Approved for Issuance: _____ Disapproved: _____

Permit Fee \$ _____ Issue By: _____

TYPES OF PAYMENT: CHECK OR MONEY ORDER ONLY

Final Inspection or WPI-8 Required to close permit