

# TOWN OF CINCINNATUS

## CODE DEPT.

### APPLICATION FOR REROOFING

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

CONTRACTOR;

Self \_\_\_\_\_ Contractor \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Liability Ins. &

Workmens Compensation \_\_\_\_\_

IF THERE ARE 2 OR MORE LAYERS OF ROOFING,  
THEY MUST BE REMOVED BEFORE INSTALLING  
NEW.

Owner \_\_\_\_\_

Rejected \_\_\_\_\_ Approved \_\_\_\_\_

CEO \_\_\_\_\_