



Building Inspection Division
100 Municipal Cir; Raymore, MO 64083
Ph: 816.331.7916 Fx: 816.331.8067

Roofing Application/Permit

Applicant: _____ **Permit #** _____

Contractor (if different than applicant): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Project Address:

What type of roof covering will be used for the re-roof? If using wood, provide documentation verifying the product is a minimum Class C roof covering (contract, bill of sale, invoice, etc).

Is it a complete tear off? (Check one) **Yes** **No**

If no, what type of roof covering exists?

How many layers are present? _____ **Ice and Water shield used per IRC section 905.2.7?** _____

Are you re-roofing the whole structure or part of the structure? (Check one) **Whole** **Part**

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Raymore, specifically IRC Section R907 and all applicable ordinances.

Signature of Owner or Authorized Agent: _____

Printed Name of Applicant: _____ **Date:** _____

Fee \$30

Office Use Only	
Tear Off/15 lb felt/ metal inspection	Date: _____
Final Inspection	Date: _____