

CITY OF HAYSVILLE Public Works Department

401 S. Jane PO Box 404 Haysville, KS 67060

I/We acknowledge that the \$25.00 application fee is non-refundable.

SIGNATURE:_____

Phone: 316/529-5940 | Fax: 316/529-5945

permits@haysville-ks.com

Roofing and Siding Permit Application

☐ Agent or Contractor

□ Owner

Project Address:				□ Residential □ Commercial
Contractor Business Name (or responsible party	g work):	Contractor License #:	
Contractor Address:			Contractor Phone #:	KS Roofing Registration Certificate #:
Property Owner:	Phone #: F	rope	erty Owners Address (if different from project address):	
ESCRIPTION OF WORK Type of Improvement:	□ Roofing □ Sidin	ıg	□ Both	
Roofing Material: □ Shal	ke 🗆 Comp 🗆	Asph	nalt 🗆 Built-up	□ Other
•	ke □ Comp □	Asph	nalt 🗆 Built-up	□ Other
Roofing Material: □ Shal Number of Existing Layers:_ Siding Material: □ Vinyl	<u> </u>	Asph		□ Other

OFFICE USE ONLY						
Date/Time Application Received:	Fee:	Receipt #:				