City of Mulvane  
Community Development Department

Roofing Permit Application

Date: __________________________  Permit #: __________________________

Address: __________________________________________________________

Contractor: _________________________________________________________

State Registration #: __________________________  Lisc#: __________________________

Phone: _____________________________________________________________

Number of Layers Removed
___ 1 layer   ___ 2 layers   ___ Re-deck   ___ Other __________________________

Proposed Use (check one)
___ 1-family   ___ 2-family   ___ multi-family   ___ commercial   ___ detached garage

Square Footage of Structure: __________________________
(total sq. ft., including attached garage, porches, finished area of main floor)

Valuation of Roofing: $ __________________________

Applicant Signature: ________________________________________________

Printed Name: ______________________________________________________

$.05 per sq. ft., based upon the structure footprint  ($50 min / $1,500 max)

Forward to:  
City of Mulvane  
211 N. Second  
Mulvane, KS 67110  
Phone (316) 777-1143  Fax (316) 777-4081