



ROOFING PERMIT APPLICATION City of Elberton

Rock Solid

(Please Print)

Property Address/Job Address: _____

Estimated Cost: _____

Owner Name: _____

Owner Address: _____

Owner Phone #: _____

Contractor Name: _____ **Phone Number:** _____

General Contractor Address: _____

Is this location in the Historical district? YES _____ No _____

If yes, please provide the COA number. _____

Reroof Permits: \$30.00 Cost for reroofing structure

Signature of Applicant _____ Date _____

Return to: 203 Elbert Street, Elberton, GA 30635
Phone: 706-213-3100 FAX to: 706-213-3125
Or email: jmooney@cityofelberton.net