

Town of Hillsborough, NH
27 School Street
PO Box 7
Hillsborough, NH 03244

Building Inspector 603-464-7978
buildinginspector@hillsboroughnh.net

ROOF PERMIT

Map # _____ Lot # _____

Permit #: _____ - _____ - ROOF
Fee: \$75.00 Paid
Check # _____

Please print in ink or type all the information.

The undersigned applied for a permit to perform the work described below:

Owner(s) Name: _____

Owner Address: _____

Location (# & street): _____

Is this permit in conjunction with a building permit? Yes No

**** **(2 Layer Maximum)** ****

Type of work: New work Replacement Extension of old work

A permit must be obtained before work is started and notice given to the Building Inspector before the work begins and when the work is completed.

Start date of project: _____

Describe work to be performed: _____

Company Name: _____

Contractor's Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

(Contractor)

Approved

Denied

Date: _____ Hillsborough Official: _____