



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110
Development Department
Phone (614) 837-7501 Fax (614) 837-0145

RESIDENTIAL ROOF PERMIT APPLICATION

rev. 7/23/2020

Date: _____

Serial No. (OFFICE USE): _____

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____

Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____

Email _____

Address of Subject Property _____

I certify that the information provided with this application is correct and accurate to the best of my ability. Additional information may be required to determine compliance with the zoning code.

Property Owner's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: _____

Date Received: _____

Date: Approved: _____

Date: Approved: _____

Zoning Official

Issuing Authority

Inspection line 614.834.5104. Please all allow 48 hours for all inspections.