

Permit No. _____

BRIDGEWATER TOWNSHIP ROOFING PERMIT and INSPECTION CARD

P.O. Box 246 Dundas, MN 55019

Phone: 507-645-1656

Inspectron Inc. 15120 Chippendale Ave. Suite 202 Rosemount MN 55068 **Date Received by Clerk** _____
 Main Office: 651-322-6626 Fax: 651-322-7580

Project Address	Street	City	State/Zip	Property Identification No.
Applicant Name		City	State/Zip	Applicant Phone Number
Owner Name	Street	City	State/Zip	Owner Phone Number
Contractor's Name	Street	City	State/Zip	Contractor's Phone Number
Contractor's State License Number/Bond (required)			Expiration Date	
Brief Project Description			Completed Value of Project (includes labor and materials)	
			\$	

Signature of Applicant (Owner or Contractor): _____ Date _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other State or Local law regulating construction or the performance of construction. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect information supplied or in violation of any ordinance or regulation of Bridgewater Township. All permit fees and other costs to review the application that are incurred by the Township for professional consultants, will be paid prior to issuance of the Building Permit. This permit shall become null and void if work is not commenced within 180 days of issuance or if work is suspended or abandoned for a period of 180 days after the time the work is commenced.

Township Clerk: _____ Date _____

PLEASE HAVE REPRESENTATION ON SITE FOR SCHEDULED INSPECTIONS:

Inspection	What is inspected	Date Inspected	Inspector Initials
Tear off/Ice and Water Protection	Condition of roof sheathing and installation of ice and water shield to a point 24 " inside the exterior wall line		
Roofing Final	Presence of adequate attic ventilation, all flashings including kick outs and valleys, nailing and general appearance.		

THIS INSPECTION CARD SHALL BE POSTED ON THE PROJECT SITE PRIOR TO COMMENCING THE WORK, PROTECTED FROM DAMAGE AND POSTED SO IT IS VISIBLE FROM THE STREET AND ACCESSIBLE TO INSPECTOR.

Requires a 24 Hour Inspection Notice

FOR INSPECTIONS CALL: Inspectron, Inc at 1-651-322-6626