



REQUEST FOR RE-ROOFING

HOMEOWNER INFORMATION

NAME:

SHIPYARD ADDRESS:

EXISTING ROOFING

- Wood Shake / Shingles
- Asphalt / Fiberglass Shingles

Color _____

Other (Describe) _____

PROPOSED ROOFING

- Wood Shake / Shingles*

Color _____

Asphalt / Fiberglass Shingles

Minimum requirement: Meet Town Code Requirement

Other Materials _____

Manufacturer _____

Color _____

Weight per square pound _____

Roofing Contractor

NAME:

PHONE NUMBER:

I have attached a sample (6" x 6" or larger) of the intend roofing material.

Signature: _____

Date: _____

Phone Number: _____