

Town of Greenfield
7 Sawmill Road
PO Box 256
Greenfield, NH 03047
603-547-3442, Fax 603-547-3004
Building Inspector 603-547-0437
www.greenfield-nh.gov

ROOF PERMIT

Map & Lot #: _____

Permit #: _____ - _____ - ROOF

Fee: \$50.00 ☐ Paid

Please print in ink or type all information.

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

Owner(s) Name: _____

Owner Address: _____

Location (# & street): _____

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

Type of work: ☐ New work ☐ Replacement ☐ Extension of old work

Permit must be obtained before work is started and notice given to Inspector when ready for inspection and when work is completed.

Describe work to be performed: _____

Company Name: _____

Contractor's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____
(Contractor)

Approval/Signature: _____ Date: _____
(Michael Borden, Building Inspector)