



**CITY OF SUGAR LAND**  
Department of Building Safety

**RESIDENTIAL ROOFING PERMIT APPLICATION**

APPLICATION # \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

PROJECT NAME/OWNER: \_\_\_\_\_

SQUARE FOOTAGE OF REPLACEMENT: \_\_\_\_\_

ROOFING COMPANY NAME: \_\_\_\_\_ PHONE:(     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF WORK/MATERIAL USED: \_\_\_\_\_

\*\*\*\*\*

Roof Permit Fee: \$127

PAY BY ESCROW ACCOUNT

\*\*\*\*\*

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



FOR OFFICE USE ONLY  
PAYMENT CODE:  
REG

**CITY OF SUGAR LAND**  
Department of Building Safety

**CONTRACTOR REGISTRATION**

- GENERAL     PLUMBING     MECHANICAL     ELECTRICAL  
 FIRE     IRRIGATION     SIGN

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

STATE LICENSE HOLDER'S NAME: \_\_\_\_\_  
(IF REQUIRED)

STATE LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_  
(STATE LICENSE HOLDER OR COMPANY OFFICIAL)

REGISTRATION FEE: \$33.50 (Electrical, Plumbing & Fire Contractors are exempt)

**\*\* REGISTRATION WILL EXPIRE ONE YEAR AFTER DATE OF ISSUANCE \*\***

**NOTE:**

1. Please complete a new form if there are any changes to the above information.
2. Revocation or Suspension of Registration
  - Repeated violations of any laws or regulations relating to any construction work (including City Ordinances, City Building Codes or any technical codes)
  - Intentional falsification of registration or permit information
3. Insurance Requirements
  - Submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000.00 for any one accident for property damage and \$300,000.00 for any one person for injuries or death; and \$5,000.00 for medical expenses for any one person.

I hereby certify that I have read and examined this document and know the same to be true and correct.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
POSITION WITH COMPANY



# Insurance Requirements

**Sugar Land Development Code**  
**Chapter 7**  
**Article II. Buildings**

**Section 7-16. Code Amendments**

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

**Proof of insurance can be faxed to  
Department of Building Safety (281) 275-2271**

**PROPERTY OWNER'S AFFIDAVIT**

**(Exemption from Contractor Registration Requirements)**

**State of Texas** §

**County of Fort Bend** §

I, \_\_\_\_\_, certify that I am the current owner and occupant of the property located at \_\_\_\_\_ Sugar Land, Texas \_\_\_\_\_, which is my homestead. I understand that this permit only allows me to perform work at the address listed above. I certify that the work is not done for the purpose of reselling or leasing the property. I understand that plans for work on my homestead may be required to ensure compliance with all applicable laws and the City of Sugar Land ("City") Code of Ordinances ("Code").

I will be treated the same as a registered general contractor. I understand that work under this permit will be inspected by the City. I agree to employ an appropriate licensed contractor registered with the City to correct any work determined by the City's Building Official or Inspector to be substandard or in violation of the Code. If I employ subcontractor(s) for any or all part of the work, the subcontractor(s) must obtain all required permits. I understand that I am liable and responsible for any employee(s) and/or subcontractor(s) that I hire.

By signing this Affidavit, I agree to abide by the conditions specified in this Affidavit. I am aware of my responsibilities and liabilities for the work on the property. I agree to notify the City immediately of any changes to the information on this Affidavit or in the permit application package. I understand that failure to comply with this Affidavit or the violation of any Code could result in the issuance of citations in municipal court, suspension of the permit and/or other legal remedies. Any false information provided in this Affidavit is punishable as a Class A misdemeanor with a fine up to \$4,000 and/or one (1) year in jail.

**Permit Type:** Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Mechanical: \_\_\_\_\_

\_\_\_\_\_  
Name of Property Owner (Print)

\_\_\_\_\_  
Signature

**Sworn to and subscribed** before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public of the State of Texas

\_\_\_\_\_  
Name of Notary Public (Print)

\_\_\_\_\_  
Expiration Date

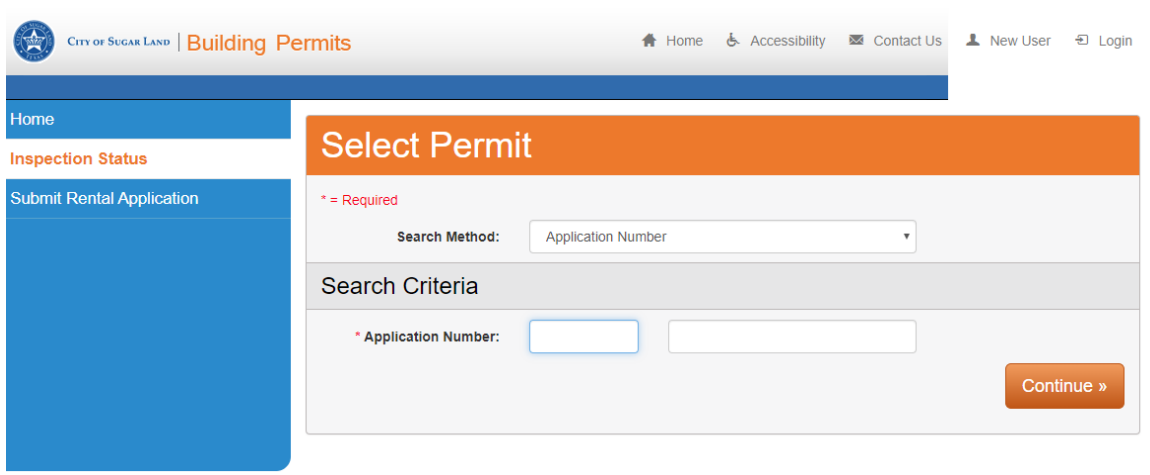
*Note: This Affidavit must be submitted by the property owner in-person to the City Building Official, or designee, in the Department of Building Safety with proof of identification and homestead exemption. Proof of homestead exemption may be given by, among other instruments, a printout from the Fort Bend County Appraisal District's website stating the property owner's name, property address, and homestead exemption.*

**TO SCHEDULE AN INSPECTION ONLINE** [www.sugarlandtx.gov](http://www.sugarlandtx.gov)

YOU WILL NEED YOUR APPLICATION NUMBER TO PROCEED

**BUSINESS** —→ **INSPECTION SCHEDULING**

Select **Online Building Permits system** and then Select **INSPECTION STATUS**



The screenshot shows the 'City of Sugar Land | Building Permits' website. The navigation bar includes 'Home', 'Accessibility', 'Contact Us', 'New User', and 'Login'. The main content area is titled 'Select Permit' and features a search form. The form includes a 'Search Method' dropdown menu set to 'Application Number'. Below this is a 'Search Criteria' section with a required field for 'Application Number' (marked with a red asterisk) and a 'Continue »' button.

Enter **APPLICATION NUMBER**

Select **SCHEDULE / CANCEL INSPECTIONS** in **blue** to the right of the permit type

Select **INSPECTION DESCRIPTION** (Ex: [BLDG, FINAL](#) )

Select **INSPECTION DATE** from available dates listed. Please print confirmation page & retain for your records.

**TO CHECK INSPECTION RESULTS ONLINE** [www.sugarlandtx.gov](http://www.sugarlandtx.gov)

YOU WILL NEED YOUR APPLICATION NUMBER TO PROCEED

**BUSINESS** —→ **INSPECTION SCHEDULING**

Select **Online Building Permits system** and then Select **INSPECTION STATUS**

The screenshot shows the City of Sugar Land Building Permits website. The header includes the city logo, 'CITY OF SUGAR LAND | Building Permits', and navigation links for Home, Accessibility, Contact Us, New User, and Login. A blue sidebar on the left contains links for Home, Inspection Status, and Submit Rental Application. The main content area is titled 'Select Permit' and features a search form. The form includes a 'Search Method' dropdown menu set to 'Application Number', a 'Search Criteria' section with two input fields for the 'Application Number', and a 'Continue »' button. A red asterisk indicates that the application number is a required field.

Enter **APPLICATION NUMBER**

Select **INSPECTION STATUS** from **blue** column on the left (under **PERMIT STATUS**)

Select **PERMIT TYPE** (Ex: [000/000/ELEC.00](#)) that you are checking results on

You will then be able to view Inspection Type, Scheduled Date, Status & Date Resulted

For more information (Ex: Inspector & any notes):

Select **INSPECTION TYPE** (Ex: [ELEC, COMPLETE COVER](#)) for any notes

**For more information you may call the Inspection Request Line at 281-275-2320.**



**CITY OF SUGAR LAND**  
Department of Building Safety

**CREDIT CARD AUTHORIZATION FORM**

FAX: (281) 275-2271

I authorize the City of Sugar Land to use my credit card to process the following payment:

Date: \_\_\_\_\_

**Amount:** \_\_\_\_\_

Jobsite address: \_\_\_\_\_

Application No: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Last 4 digits of Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Card Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card:     Visa         Master Card         American Express

**\*\* Please enter Credit Card Number below \*\***

\*\*\*\*\* Cut Here\*\*\*\*\*

Card Number: \_\_\_\_\_