RE-ROOF APPLICATION

Site Address:

P-Number: **(Required)**

Owner's Name:

Address

City Zip

Phone

Contractor's Name:

Address

City Zip

Phone

Labor & Industries License/Exp. Date (Attach Copy)	**City License:**

Type of Permit:

☐ Residential ☐ Non-Residential
☐ Repair ☐ Re-Roof

Occupancy Use:

☐ Single Family ☐ Multi-Family
☐ Office ☐ Restaurant
☐ Retail ☐ School
☐ Church ☐ Other

By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.

_____ _____

Signature of Owner/Agent Date

Project Contact:

Tear Off ☐ **Roof Over** ☐

# of Existing Layers:

Existing Roof Pitch:

Existing Roof Type:

Type of Sheathing:

Existing ☐ **New** ☐

Type of Felt:

Description of Roofing:

Number of Squares:

Class of Roofing:

Number of Roof Vents Added:

NOTE: Inspections are not required on reroof projects, but are available upon request by the owner or contractor by calling 336-6243.

FEES

Value of Work:

(If value is over $30,000, fees will be calculated per UBC based on value.)

Permit	
State Surcharge	
Total Fees	$

Comments:

Residential Permit: $25.00 + surcharge = $29.50

Multifamily: an additional $2.00 surcharge every unit (i.e.: Triplex: 25.00 + 4.50 + 2.00 +2.00)

Commercial Permit: $50.00 + surcharge if valuation less than $30,000.

Community & Economic Development Department
P.O. Box 809 / 910 Cleveland Ave. – Mount Vernon, WA 98273
(360) 336-6214 – www.mountvernonwa.gov