Re-Roof Submittal Information

RR 38

Development Services Department
865 S.E. Barrington Dr. ÅOak Harbor, WA 98277 ÅPhone (360) 279 4510 ÅFax (360) 279-4519

Project Address: _____ Parcel ID #: _____

Lot #: _____ Subdivision: _____

Project Description: _____

_____

Type of permit: (check one) ( ) Residential ( ) Commercial

Type of Roofing: _____ Number of Layers: _____ Number of Squares: _____

Class of Roofing: ( ) A ( ) B ( ) C Valuation of Re-Roof: _____

Work Scheduled to Begin: _____ Work Scheduled to End: _____

The following is required for NON-Residential Buildings:

( ) All Non-Residential projects will require a site visit prior to the issuance of the permit for obvious signs of fatigue, condition of existing roofing and number of existing layers. A final inspection is required at completion of project.

( ) Two copies of the installation specifications and U.L. listed roof assembly.

( ) Building square footage: _____

( ) Occupancy of Building: _____ Office
_____ Retail
_____ Church
_____ Restaurant
_____ School
_____ Multi-Family

I hereby certify the above information is correct and that the construction on, and the occupancy and the use of the above described property will be accordance with the laws, rules and regulations of the State of Washington. The applicant will be responsible for providing a method of safely accessing roof for inspection. A final inspection and approval shall be obtained when the re-roofing is complete.

_____ _____
Applicants Signature Date

_____
Print Applicants Name