Re-Roof Submittal Information

Development Services Department
865 S.E. Barrington Dr. Oak Harbor, WA 98277 Phone (360) 279 4510 Fax (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

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