100 S 3rd St • McCleary, WA 98557 • Phone (360) 495-3667 Ext. 161 & 114

RE-ROOF PERMIT APPLICATION

Building Department

Please email this form to: ***permits***@cityofmccleary.com

City of McCleary

Type of Permit:	☐ Commercial	☐ Residential	
Property Address: _____		Suite/Unit Number: _____	
Lot #: _____	Parcel ID No.: _____	Project Valuation: _____	
Project Scope of Work:			
Primary Contact:	☐ Owner	☐ Applicant	☐ Contractor
Owner Name: _____		Office No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address:	City:	State:	Zip:
Applicant Name: _____		Office No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address:	City:	State:	Zip:
Contractor Name: _____		Office No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____	City: _____	State: _____	Zip: _____
L&I Contractor License Number:		Expiration Date:	

Type of Roofing Material: _____

Number of Existing Layers: _____

Replacing existing sheathing: ☐ Yes ☐ No

Installation of existing material: ☐ Yes ☐ No

Roof tear off: ☐ Yes ☐ No

Class of Roofing:	☐ A – Highest Fire Rating	☐ B – Moderate Fire Rating	☐ C – Light Fire Rating
Class Examples:	Concrete, Clay, Roof Tiles, Fiberglass, Asphalt Composition Shingles, Metal Roofs	Pressure-Treated Shakes and Shingles	Untreated Wood Shakes and Shingles, Plywood, Particleboard

The following is required for NON-RESIDENTIAL BUILDINGS

Provide 1 copy of the installation specifications and U.L. listed roof assembly.

Existing Roof Structure: _____ Existing Roof Material: _____

Building Occupancy: ☐ Office/Professional Services ☐ Industrial ☐ Restaurant

☐ Other: ☐ Educational Facility ☐ Retail ☐ Religious Facility

I hereby certify that I am the ☐ Owner, ☐ Applicant, ☐ Contractor, and authorized to sign this application and that the above information is correct and that the construction, occupancy, and use of the above-described property will be in accordance with the laws, rules, and regulations of the State of Washington and the City of Elma. The applicant will be responsible for providing a method of safely accessing the roof for inspection. A final inspection and approval shall be obtained when the re-roofing is complete.

Signature Print Name Date

	FOR STAFF USE ONLY	
PERMIT #	**ACCEPTED BY:**	**DATE STAMP**