



CITY OF LACEY
 Community and Economic Development Department
 420 College Street SE
 Lacey, WA 98503
 (360) 491-5642

CASH OR CHECK ONLY PLEASE

REROOF PERMIT APPLICATION

Type of Permit (check one): Residential Commercial

Project Address _____ Parcel Number _____

Owner _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Contractor _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____ E-mail _____

Contractor's License Number _____ Expiration _____ City Bus. Reg. _____

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

Class of roofing A B C Valuation of Reroof: _____

Work scheduled to begin: _____ Work scheduled to end: _____

The following information is required for Non-Residential roofs:

All Non-Residential* projects will require a site visit prior to issuance to check for obvious signs of structural fatigue, condition of existing roofing and number of existing layers.

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

Building Square Footage: _____

- Occupancy of Building: _____ Office
 _____ Retail
 _____ Church
 _____ Restaurant
 _____ School

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 in 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.

 Applicant's Signature

 Date

 Print Applicant's Name