



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT

RE-ROOF PERMIT APPLICATION

Mailing Address: P.O. Box 547, Anacortes, WA 98221

Office Location: 904 6th Street, Anacortes WA 98821

Phone: (360) 293-1901, Fax: (360) 293-1938

PLEASE REFER TO THE RE-ROOF PERMIT CHECKLIST FOR SUBMITTAL REQUIREMENTS

RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>			
PROJECT ADDRESS (Street, Suite #):		PARCEL(s) #:	
Subdivision/Lot #:		PROJECT VALUATION \$	
APPLICANT:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
PROPERTY OWNER:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
CONTACT PERSON:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
CONTRACTOR:*		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
<i>*All Contractors & subcontractors must have a valid City of Anacortes business license prior to doing work in the City. Contact the City's Finance Department at (360) 299-1968.</i>		Contractor's License #	Exp. Date:
		Business License #:	Exp. Date:
PROPOSED WORK: _____			

TYPE OF ROOFING:		NUMBER OF LAYERS:	
CLASS OF ROOFING: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		NUMBER OF SQUARES:	
<p>I declare under penalty of perjury that the information I have provided on this form/application is true, correct, and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Anacortes.</p> <p>Print Name: _____ Owner <input type="checkbox"/> Agent <input type="checkbox"/> (specify): _____</p> <p>Signature: _____ Date: _____</p>			



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RE-ROOF:	
OCCUPANCY GROUP:	<input type="checkbox"/> OFFICE <input type="checkbox"/> CHURCH <input type="checkbox"/> SCHOOL <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT
INSTALLING OR REPLACING SHEATHING:	<input type="checkbox"/> YES <input type="checkbox"/> NO
WORK SCHEDULED TO BEGIN:	
WORK SCHEDULED TO END:	
ROOF SQUARE FOOTAGE:	

Applicant Checklist	<i>SUBMITTAL REQUIREMENTS: The number indicates the number of copies for submittal (if applicable).</i>	PERMIT TYPE:		
		Commercial Re-Roof	Residential Re-Roof	Office Use Only
	Re-Roof Permit Application	1	1	
	Site Plan	1		
	Pedestrian Safety Plan	1		
	Installation Specifications and U.L. Listed Roof Assembly	1		
	Building Inspection Prior to Work -When Deemed Necessary			
	Final Inspection & Approval once Re-Roof is Complete - Performed by City of Anacortes' Building Inspector ¹	√	√	

1. The applicant is responsible for providing a method of safely accessing roof for inspection.