



**PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT**  
 Mailing Address: P.O. Box 547, Anacortes, WA 98221  
 Office Location: 904 6<sup>th</sup> Street, Anacortes WA 98821  
 Phone: (360) 293-1901

# RE-ROOF PERMIT APPLICATION

Please complete all applicable information and submit to [buildingpermit@cityofanacortes.org](mailto:buildingpermit@cityofanacortes.org)

PROPERTY INFORMATION		
PROJECT ADDRESS	ASSESSOR PARCEL NUMBER	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		
PROPERTY OWNER	OWNER PHONE	
OWNER ADDRESS	OWNER EMAIL	
APPLICANT INFORMATION		
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> APPLICANT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____		
NAME	PHONE	
ADDRESS	EMAIL	
CONTRACTOR INFORMATION		
NAME*	PHONE	
<b>CONTRACTOR'S BUSINESS LICENSES</b> <i>*All Contractors &amp; Subcontractors must have a valid City of Anacortes business license prior to doing work in the City.</i>	STATE LICENSE #	EXPIRATION
	UBI LICENSE #	EXPIRATION
ADDRESS (STREET, CITY, STATE, ZIP)	EMAIL	
DESCRIPTION OF PROPOSED WORK:		<b>PROJECT VALUATION</b> (Cost of Materials & Labor)  \$ _____
TYPE OF ROOFING:	<b>CLASS OF ROOFING:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	SQ. FT. OF ROOF:
NUMBER OF LAYERS:	NUMBER OF SQUARES:	
<b>OCCUPANCY GROUP:</b> <input type="checkbox"/> Office <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant		
<b>INSTALLING OR REPLACING SHEATHING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
PROJECT TIMELINE:	Anticipated Start Date	Anticipated Finish Date

✓ OR N/A	SUBMITTAL REQUIREMENTS	OFFICE USE
	Re-Roof Permit Application	
	Site Plan*	
	Pedestrian Safety Plan*	
	Installation Specifications and U.L. Listed Roof Assembly*	
	Building Inspection Prior to Work -When Deemed Necessary*	
<b>*Required for Commercial Re-Roof projects only</b>		
<b>NOTE:</b> A Final Inspection and Approval, performed and issued by a City of Anacortes Building Inspector, is required once re-roof is complete. The applicant is responsible for providing a method of safely accessing roof for inspection. Please call (360) 293-1901 to schedule an inspection.		
<b>ACKNOWLEDGEMENTS &amp; SIGNATURE</b>		
By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.		
_____	_____	
<b>SIGNATURE</b>	<b>DATE</b>	