



Clallam County Department of Community Development

DATE REC'D: _____

BPT # _____

RE-ROOF PERMIT APPLICATION

Tax Parcel Number: _____ Lot Size: _____

Site Address: _____

PROPERTY OWNER NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP _____
Home Phone: _____ Work Phone: _____
E-mail Address: _____ Fax: _____
MAIN CONTACT: _____ PHONE: _____
APPLICANT/CONTRACTOR: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
STATE CONTRACTOR LICENSE NO.: _____ EXPIRES ON: _____
Home Phone: _____ Work Phone: _____ Fax: _____ E-mail: _____
LENDING INSTITUTION (AS PER RCW 19.27.095): _____

WORK PROPOSED ON:

___ SINGLE FAMILY DWELLING ___ COMMERCIAL BUILDING
___ ACCESSORY DWELLING DESCRIPTION: _____
___ GARAGE/SHOP _____
___ ACCESSORY STRUCTURE _____

REQUIRED SUBMITTAL DOCUMENTS:

___ SITE PLAN
___ ROOF PLAN
___ ATTIC CROSS-SECTION ++
++EXPOSING ATTIC CAVITIES MAY REQUIRE ATTIC INSULATION TO BE BROUGHT INTO CODE COMPLIANCE.

DESCRIPTION OF WORK: (CHECK ALL THAT APPLY)

___ RE-ROOF ___ EXISTING ROOF SHEATHING
___ PARTIAL RE-ROOF ___ NEW ROOF SHEATHING
___ TEAR OFF
ROOF PITCH: _____
PROPOSED ROOF TYPE: _____
MANUFACTURE NAME: _____
UNDERLAYMENT _____
PROJECT VALUE \$ _____

This application is complete and correct to the best of my knowledge

Signature OWNER / AGENT / CONTRACTOR _____ Date _____

FOR STAFF USE ONLY:

OWNERSHIP _____ PERMIT FEE _____
OCCUPANCY _____ PLAN CHECK _____
ZONING _____ STATE B.C.TAX _____
(COMMERCIAL FOREST REQUIRES NON-COMBUSTIBLE ROOF) REC./CHECK _____
DATE _____
PARCEL DESCRIPTION _____
CRITICAL AREA REVIEW:
WETLANDS _____ GEOLOGIC HAZARD _____
AQUATIC & WILDLIFE _____ SHORELINE _____
AQUIFER RECHARGE _____ FLOODPLAIN _____