

Re Roof Permit Fee _____
State Code Fee _____
Total Fee _____
Receipt # _____

FOR STAFF USE ONLY

Permit Number _____
Application Date _____

RE-ROOF PERMIT APPLICATION

(Manufactured Homes are regulated through L&I and do not require a city permit but do require a permit from L&I)

Type of Permit: (check one) Residential Commercial

Site Address: _____

Owner: _____ Phone Number: _____

Owner Address if different from site: _____ City/State/Zip Code: _____

Parcel Number: _____ Block/Lot/Subdivision _____

CONTRACTOR INFORMATION:

Contractor: _____ Phone Number: _____

Address: _____

WA State Contractor's License #: _____ Expiration Date: _____

City Business License # _____

Roofing Type: _____ Number of Existing Layers: _____ Number of Squares or SF of Bldg: _____

New Plywood Sheathing Yes No **Cost of Construction: \$ _____

Work Schedule to begin: _____ Work Schedule to End: _____

The following is required for NON-Residential Buildings:

Class of Roofing: A B C

_____ Building Square footage _____

_____ A copy of the quote

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

Basis for Roof System Approval:

Is the existing structural design sufficient to sustain the weight of the proposed new roof? Yes No

If not, please provide roof plan to substantiate adequate stability for a heavier roof system.

**I understand the following inspections are required: (1) Tear-off/pre inspection prior to installing new roof coverage
(2) Final Inspection.

I agree to perform all work in accordance with the Ephrata Municipal Code requirements. I acknowledge that all information on this form is true and correct.

SIGNATURE(Owner/Contractor) _____ DATE: _____

