

# RE-ROOF PERMIT APPLICATION

CITY OF COLVILLE  
OFFICE OF BUILDING & PLANNING  
170 SOUTH OAK, COLVILLE, WA 99114  
(509) 684-5096/FAX (509) 684-5030

**Job Address:** \_\_\_\_\_ **Parcel #** \_\_\_\_\_  
**Contractor:** \_\_\_\_\_ **Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contractor License#** \_\_\_\_\_ **Building Use:** \_\_\_\_\_

**Type of Existing Roofing:**  Comp. Shingle  Wood Shingle  Built up  
 Metal  Roll Roofing  Other: \_\_\_\_\_

**Number of Existing Layers?** \_\_\_\_\_ **Strip old roof to sheeting?**  Yes  No

**Change roof decking?**  Yes  No **Approx Roof Slope:**  Flat  2:12  4:12  
 6:12  8:12 or greater

**Material to be installed:**  Comp. Shingles  Wood Shingles  Rolled Roofing  
 Metal  Built up

**Weight of felt to be used?**  15 lb.  30 lb.  Other: \_\_\_\_\_

**Ice Barrier to be installed?**  Yes  No

**VALUATION: \$** \_\_\_\_\_ **# of Squares (sq. ft.)** \_\_\_\_\_

**Please Note:**

- ✓ Dry-rot conditions or structural problems may require additional repairs.
- ✓ Manufacturer's installation instructions and/or IBC requirements must be followed.
- ✓ Proper ventilation must be provided.
- ✓ An ice barrier must be installed from the lowest edge of all roof surfaces to at least 24" inside the exterior wall line.
- ✓ Provide roof top access at time of inspections.

I hereby certify that I have read and understand this application and know the same to be true and correct:

**APPLICANT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_

**For City Use Only**

✓ **Required Inspections:**  Roof Deck  Venting  Ice Barrier  Final

**APPROVED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ISSUED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMIT FEE: \$** \_\_\_\_\_ **State Building Code Fee (WAC 365-110-050) \$4.50 TOTAL DUE \$** \_\_\_\_\_