



RE-ROOF PERMIT APPLICATION

Community and Economic Development
City of Arlington • 18204 59th Ave NE • Arlington, WA 98223 • Phone (360) 403-3551

Type of Permit:		<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
Property Address: _____		Suite/Unit Number: _____	
Lot #: _____ Parcel ID No.: _____		Project Valuation: _____	
Project Scope of Work: _____			
Primary Contact:		<input type="checkbox"/> Owner	<input type="checkbox"/> Applicant
		<input type="checkbox"/> Contractor	
Owner Name: _____		Office No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
Applicant Name: _____		Office No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
Contractor Name: _____		Office No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
L&I Contractor License Number: _____		Expiration Date: _____	

Type of Roofing Material: _____
 Number of Existing Layers: _____

Replacing existing sheathing: Yes No
 Installation over existing material: Yes No
 Roof tear off: Yes No

Class of Roofing:	<input type="checkbox"/> A – Highest Fire Rating	<input type="checkbox"/> B – Moderate Fire Rating	<input type="checkbox"/> C – Light Fire Rating
Class Examples:	Concrete, Clay, Roof Tiles, Fiberglass Asphalt Composition Shingles, Metal Roofs	Pressured Treated Shakes and Shingles	Untreated Wood Shakes and Shingles, Plywood, Particleboard

The following is required for NON-RESIDENTIAL BUILDINGS

Provide 2 copies of the installation specifications and U.L. listed roof assembly.

Existing Roof Structure: _____	Existing Roof Material: _____
Building Occupancy: <input type="checkbox"/> Office/Professional Services	<input type="checkbox"/> Industrial
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Retail
<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Religious Facility

I hereby certify that I am the Owner, Applicant, Contractor, and authorized to sign this application and that the above information is correct and construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulation of the State of Washington, and the City of Arlington. The applicant will be responsible for providing a method of safely accessing roof for inspection. A final inspection and approval shall be obtained when the re-roofing is complete.

Signature _____ Print Name _____ Date _____

	FOR STAFF USE ONLY	
PERMIT #	ACCEPTED BY:	DATE STAMP