



City of Battle Ground
Community Development Department
Building Division
109 SW 1st Street, Suite 123, Battle Ground, WA 98604
Phone # (360) 342-5046, Fax # (360) 342-5049

<p><i>For Office Use Only:</i> Date Received: _____ Permit Number: _____</p>
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**REROOF /RESIDING
PERMIT APPLICATION**

PROPERTY OWNER: _____ Phone: () _____ Fax: () _____
Mailing Address: _____
_____ State: _____ Zip Code: _____

GENERAL CONTRACTOR: _____ Phone: () _____ Fax: () _____
Contractor's License # _____ City Business License # (Required) _____
Mailing Address: _____
_____ State: _____ Zip Code: _____

Project Name: _____ Tax Lot # _____
Site Address: _____ Lot #: _____ Zoning: _____
Type of Roofing: _____ No. of Existing Layers: _____ No. of Squares: _____
Please check one: Residential () Commercial ()
Type of Venting: Eave Vents () Ridge Vents () Roof -Jacks () Gable Vents () Mechanical ()

A minimum of two inspections will be required, one at tear-off and another at final.

The following information is required for Non-residential roofs:

- All non-residential projects will require a site visit prior to issuance to check for obvious signs of structural fatigue, condition of existing roofing, and number of existing layers.
- Two copies of the installation specifications and UL listed roof assembly
- Occupancy of building: _____

Class of Roofing: A () B () C ()

What type of existing siding: _____ What type of replacement siding: _____

If vinyl, please identify the type of sub-sheathing: _____

Valuation of Work: _____

NOTE: All roofs must be vented per Building Code Minimum. Enclosed Roofs are to be vented a **Minimum of 1 Square Foot of venting per 150 Square Foot of roof area**, or by other method subject to approval by the Building Official.

I hereby certify that the above information is correct and the construction on and use of the above described property will be in accordance with the laws, rules and regulations of the State of Washington. The applicant will be responsible for providing a method of safely accessing roof for inspection.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

For official use only:

Entered by: _____ Fees Due: \$ _____ Receipt # _____ Received by: _____