



SUPPLEMENTAL APPLICATION **COMMERCIAL RE-ROOF AND/OR** **RE-SIDING**

The purpose of issuing permits over the counter is to reduce plan review time. All permits issued over the counter are subject to field inspection with the understanding that applicants are ultimately responsible for code compliant construction practices. If you prefer to waive over the counter processing, you may elect to request a plan review by DCD prior to issuing your permit.

Type of Project:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Re-roof | <input type="checkbox"/> Replacement |
| <input type="checkbox"/> Re-siding | <input type="checkbox"/> Repair |

Section 1 – General Information

Business Name/Tenant: _____

Site Address: _____

Assessor Tax Parcel Number(s): _____

Construction Bid Price: \$ _____

Description of Proposed Re-roof and/or Re-siding Work:

Section 2 – Counter Complete Submittal Requirements

Use the column to the left to check off items included with your submittal.

✓	Required Submittal Items
<input type="checkbox"/>	1. Completed Supplemental Application – 1 original
<input type="checkbox"/>	2. Roof layout plan with construction plans and detail – 2 copies Only required if the proposed work involves structural roof repair or structural roof replacement The permit will not be issued Over The Counter and will require additional staff review time.



Section 3 – Applicant/Property Owner Information

The authorized agent/representative is the primary contact for all project-related questions and correspondence. The County will email requests and information about the application to the authorized agent/representative and will 'copy' (Cc) the owner noted below. The authorized agent/representative is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts County email (i.e., County email is not blocked or sent to "junk mail"). There may be instances where regular USPS or courier mail is used.

Property Owner:

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Note: For projects with multiple owners, attach a separate sheet with each owner(s) information and signatures.

Tenant (Business Name & Business Owner):

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Applicant: **Property Owner** **Tenant/Business Owner** **Authorized Agent/Representative**

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Contractor

Contractors or subcontractors hired to perform work are required to be registered with the Washington State Department of Labor and Industries. For more information about choosing and hiring a contractor visit <http://www.lni.wa.gov/tradeslicensing/> .

Check if this is the Authorized Agent/Representative for this project.

Name: _____ Title: _____

License Number: _____ Liability Certificate: _____

Address: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

