



SUPPLEMENTAL APPLICATION **RESIDENTIAL 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

Name: _____

Site Address: _____

Assessor Tax Parcel Number(s): _____

Construction Bid Price: \$ _____

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



Section 2 – 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.

Applicant: Property 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: _____

