



Building Department
207 W. 2nd St., Grandview, WA 98930
Ph. (509) 882-9225 Fax (509) 882-9232

REROOF PERMIT APPLICATION

Project Address: _____ **Parcel No.** _____

Owner/Builder Name

Contractor Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Owner's Phone No.

Contractor's Phone No.

Building Use: (please circle one)

Contractor's License No.

Residential Commercial Public Bldg

Expiration Date

If you are doing the work, you will need to submit the following documents for cost verification:

☐ Estimates or Invoices for materials.

If you are a contractor or are having a contractor complete the work, you will need to submit the following document for cost verification:

☐ Contractor's bid.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION TO KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE OF OWNER/AUTHORIZED AGENT

DATE

PLEASE ALLOW 14-DAYS FOR PROCESSING THIS PERMIT APPLICATION.