Reroof Permit Application

Community and Economic Development Department
420 College Street SE, Lacey, WA 98503
Phone: (360) 491-5642
Email: build@cityoflacey.org

Step 1: Permit Information

Project Address: _____
Parcel Number: _____
Permit Type (check one): ☐ Residential ☐ Commercial

Step 2: Property Owner Information

Owner Name: _____
Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Step 3: Contractor Information

Contractor Name: _____
Phone: _____ Email: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Washington Contractor License #: _____
License Expiration Date: _____
City Business Registration #: _____

Step 4: Roofing Project Details:

Type of Roofing: _____
Number of Layers: _____
Number of Squares: _____
Class of Roofing: ☐ Class A ☐ Class B ☐ Class C
Valuation of Reroof: $_____
Work Scheduled to Begin:_____
Work Scheduled to End: _____

Step 5: Commercial/Non-Residential Requirements

Required prior to permit issuance: 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.

☐ Site visit to verify structural condition, existing roofing condition, and roof layers.
☐ Installation specifications and U.L. listed roof assembly.
Building Square Footage: _____
Occupancy of Building: ☐ Office ☐ Retail ☐ Church ☐ Restaurant ☐ School ☐ Other: _____

Applicant Certification:

I hereby certify the above information is correct. The construction, occupancy and use type listed above will be in accordance with the laws, rules and regulations of the City of Lacey.

Applicant Signature: _____
Printed Name: _____
Date: _____