

ROOFING APPLICATION



Building Department
2224 104th Ave E
Edgewood, WA 98372
253.952.3299
permits@cityofedgewood.org

FILE NUMBER: _____

WORK TYPE: RESIDENTIAL COMMERCIAL

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
PROJECT DESCRIPTION		

TEAR OFF OVERLAY (_____ # OF EXISTING LAYERS)

METAL DRIP EDGES ARE REQUIRED ON ALL EDGES PER IRC R905.2.8.5

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____

Owner

Agent/Other

Signature: _____

Date: _____