

# City of Poulsbo

Building Department

(360) 394-9882 Fax: (360) 697-8269



## Roofing Permit Application

Type of Work:  Residential  Commercial Multi-Unit Residential Building (RCW 64.55)  Yes  No  
 New  Replacement  Other: \_\_\_\_\_

### PROPERTY INFORMATION

Site Address: \_\_\_\_\_

Assessor ID Number: \_\_\_\_\_

### PROJECT INFORMATION

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_

Number of layers of existing roofing: \_\_\_\_\_

Type of existing roofing material being covered: \_\_\_\_\_

Type of new roofing material being installed: \_\_\_\_\_

Will roof sheathing be replaced?  Yes  No

**People Information:** Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, etc. Use additional sheets if needed. *All contractors and sub-contractors must have a valid City of Poulsbo business license.*

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

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**Check all that apply**     Applicant\*     Property Owner     Contractor     Other:

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

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**FINANCING INFORMATION** required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

**Lender administering the construction financing or firm issuing a payment bond** (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self-financing, please indicate)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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\*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submittal Requirements**

- Completed Roofing Permit Application
- Material specification sheets
- Energy Code Compliance Forms, as applicable (available at [www.neec.net/energy-codes](http://www.neec.net/energy-codes))