



City of Fircrest Planning/Building Department
115 Ramsdell Street
Fircrest WA 98466 (253) 564-8901

REROOF PERMIT APPLICATION

Type of Permit (check one): () Residential () Commercial

Project Address _____ Parcel Number _____

Owner _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contractor _____	Phone Number _____	email _____
Address _____	City _____	State _____ Zip _____
Contractor's License Number _____	Exp _____	

Type of Roofing _____ Number of Layers _____

One sf of venting is required per 300 sf of roofing surface

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington. The applicant will be responsible for providing a method of safely accessing the roof for inspection. A final inspection and approval shall be obtained when the re-roofing is complete.

Applicant's signature Date

Print Applicant's name