



RESIDENTIAL REROOF APPLICATION

(For one / two family dwellings)

400 N Mill St
PO Box 229
Colfax, WA 99111
(509) 397-3861
Fax: (509) 397-3044

Section 1

Owner Information

1. Project address: _____ 2. Owner's address: _____
3. Property owner: _____ 4. City: _____ State: _____ Zip: _____
5. Phone #: _____

Section 2

Permit Fee

Estimated value: _____
Permit Fee: \$75.00
Plan Check: _____
State Fee: \$6.50
Other: _____
Total: \$ 81.50

PERMIT No.

#22- _____

This permit must be posted in
plain view and be accessible

Type of Permit:

Reroof

Section 3

Contractor Information

1. Building Cont.: _____ Lic #: _____ Ph #: _____

Section 4

Description of Work

Type of Construction: New; Repair;

Will you be going over existing shingles? YES / NO (If yes, a pre-inspection is required to determine if the roof is suitable for covering. Under current code, a 3rd layer is not allowed.)

Ice and water shield is required a minimum of two rows or 24" past exterior wall.

Description of Work:

By typing name on Applicant's Signature, I certify that no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Colfax and as summarized in this permit.

Applicant's Signature: _____

Date: _____

Submitted by: Contractor Home Owner

Building Inspector: _____

Date: _____