



801 – 228<sup>th</sup> Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.sammamish.us

| PERMIT NUMBER |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|
|               |  |  |  |  |  |  |  |

## Residential Re-Roofing Permit Application

PLEASE PRINT

Check # \_\_\_\_\_

Is this permit application associated with any code violation or a Stop Work Order?  **Yes**  **No**

### PROPERTY OWNER

|                    |        |
|--------------------|--------|
| Name:              |        |
| Property Address:  |        |
| City/State/Zip:    |        |
| Email:             | Phone: |
| Tax Parcel No:     |        |
| Legal Description: |        |

### GENERAL CONTRACTOR

|                   |                 |
|-------------------|-----------------|
| Company Name:     | Phone/Fax:      |
| Contact:          |                 |
| Mailing Address:  | City/State/Zip: |
| Email:            | Cell:           |
| State License No: | Expiration:     |

|                               |
|-------------------------------|
| Project Description:          |
| Fair Market Value of Work: \$ |

# ROOFING CHECKLIST

1. Rafter Span             16" OC             24"OC
2. Plywood Thickness            \* Minimum 1/2"  
    \*7/16" OSB approved if joints occur over skip sheathing and framing members
3. Nailing Schedule per 2015 IBC table 2304.10.1 – Column 1: #31-33 Wood structural panels
4. Select: Roofing Covering (Manufacturer/Type)

- |  |  |
|--|--|
| <input type="checkbox"/> Asphalt Shingle | <input type="checkbox"/> Metal Roof Panels |
| <input type="checkbox"/> Wood Shake      | <input type="checkbox"/> Wood Shingle      |

Inspections Required

1. Nailing (Plywood or OSB)
2. Final

**A RE-ROOF PERMIT IS REQUIRED WHEN THE ROOF SHEATHING OR ALL EXISTING ROOFING MATERIAL IS BEING REPLACED OR ALTERED.**

**Exemption: Like for like roof covering replacement or additional of composition to (2) layers total.**

**NOTE:** Replacement of wood shake or wood shingle cover existing sheathing; solid sheathing is not required.

**NOTE:** Installation of new roofing material is limited to wood shake, wood shingle, asphalt shingle and factory coated metal roofing panels. For installation of material other than those listed please contact the permit center @ 425-295-0531.

**REMOVAL OR REPLACEMENT;** includes tear off and replacement of exiting roofing material, or roof placement of a new layer of roof sheathing over existing skip sheathing.

**ROOFING MATERIAL;** includes but is not limited to roof sheathing, underlayment, roof covering and flashing.

\*\*\*\*\*

*I certify under perjury that the information furnished by me is true and correct to the best of my knowledge and further that I am authorized by the owner of the above premises to perform the work, for which permit application is made. I further agree to hold harmless the City of Sammamish as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned and filed against the City of Sammamish, but only where such claims arise out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.*

OWNER AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_