



# BUILDING PERMIT APPLICATION -- RE-ROOF

Permit #: \_\_\_\_\_

**\*\* All applicaton items in BOLD must be completed \*\***

**Incomplete applications will be denied.**

S T A M P

Submit completed application to: [PermitSubmittal@FranklinCountyWA.gov](mailto:PermitSubmittal@FranklinCountyWA.gov)

**Site Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Parcel Number** \_\_\_\_\_ **Legal Description** \_\_\_\_\_

**Building Owner** \_\_\_\_\_ **Current Address** \_\_\_\_\_ **City, State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Property Owner** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_ **City, State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **Business Address** \_\_\_\_\_ **City, State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **UBI Number** \_\_\_\_\_ **WA Contractor License #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Franklin County Business License Number:** \_\_\_\_\_ (Please visit <https://dor.wa.gov/> or contact staff for more information)

Please provide the following information: _____	
<b>Roofing Material Type</b>	<b># of Squares</b>

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your building permit. These comments can be emailed or mailed to you.

**Please mark the preferred method of contact, provide the necessary information, and print clearly.**

- E-Mail Address (Contractor): \_\_\_\_\_
- E-Mail Address (Owner): \_\_\_\_\_
- Current Mailing Address: \_\_\_\_\_

<b>Valuation of Project</b>

**Please provide a detailed scope of work:** \_\_\_\_\_

---



---



---



---



---



---



---



---

OFFICE NOTES: