

FEES BASED ON TABLE 1-A 1997 EDITION UBC

PERMIT FEE \_\_\_\_\_

STATE SURCHARGE \_\_\_\_\_

TOTAL PERMIT FEE \_\_\_\_\_

## CITY OF WESTPORT

PO Box 505, Westport WA 98595  
Phone: 360-268-0835 Fax: 360-268-0921

### ROOFING PERMIT APPLICATION

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

Owner \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Contractor \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

WA State L&I Contractor License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ (ATTACH COPY)

City of Westport Business License No. \_\_\_\_\_

#### TYPE OF PERMIT

\_\_\_\_ Residential      \_\_\_\_ Non-Residential      Valuation of Project \$ \_\_\_\_\_

\_\_\_\_ Tear Off      \_\_\_\_ Roof Over      Number of Squares \_\_\_\_\_

Existing roof pitch \_\_\_\_\_      Number of layers \_\_\_\_\_

Existing roof type \_\_\_\_\_      No. of vents added \_\_\_\_\_

Type of felt \_\_\_\_\_      Type of Sheathing \_\_\_\_\_

Description of roofing \_\_\_\_\_

❖ INSPECTIONS NOT MANIDATORY - AVAILABLE UPON REQUEST ONLY  
CALL 360-268-0835.

I certify that I am the owner or acting as the owner's authorized agent, in addition this application and documents contained herein are complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_