



## Over-the-Counter Re-Roof Permit Application

Please complete all appropriate fields and verify that all information is correct and current.

### Owner Info:

Name:		
Address:		
City/State/Zip:		E-Mail
Home: ( )	Work: ( )	Cell: ( )

### Project Property Info:

<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial	
Address:			
Tax Parcel ID:			
Description of Project:			
<input type="checkbox"/> Composition	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal	<input type="checkbox"/> Built-Up
Square Footage or # of squares ( <b>Required</b> ):		Tear Off: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Valuation of Project: \$</b>			
<b>Lender Information – required for projects over \$5000 in valuation per RCW 19.27.095</b>			<input type="checkbox"/>
If a lender or bond company <u>is not</u> loaning monies on this project, please check here:			
LENDING INSTITUTION:		Phone Number:	
Address/City/State/Zip:			

### Contractor Info:

Name:		City License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:				
City/State/Zip				
Phone: ( )		Fax: ( )		
WA State L&I Contractor's License #:			Expiration Date:	
City of Richland Business License #:			Expiration Date:	
Payment Method: <input type="checkbox"/> Credit Card on File		<input type="checkbox"/> Pay in office		
<b>Signature:</b>		<b>Date:</b>		