PERMIT #_____

CITY OF BINGEN
PO Box 607
Bingen, WA 98605
509-493-2122/Fax 509-493-1391

Reroof Permit Application

Applicant: _____ Phone #: _____

Mailing Address: _____ State: _____ Zip Code: _____

Email: _____

Property Owner: _____ Phone #: _____

Mailing Address: _____State:_____ Zip Code: _____

Email: _____

Contractor: _____ Phone #: _____

Mailing Address: _____State:_____ Zip Code: _____

WA Contractors License #: _____ City Business License **#:** _____

Email: _____

Project Location: _____Parcel #: _____

Roof Type: _____Standard 3-tab _____Dimensional Shingle _____Shake _____Tile/Concrete/Metal

Number of existing layers: _____ Number of squares: _____

Residential _____ Non-Residential _____

Type of venting: Eave Vents ( ) Ridge Vents ( ) Roof Jacks ( ) Gable Vents ( ) Mechanical ( )

Class of roofing: A ( ) B ( ) C ( ) **Valuation of Work (Materials & Labor) $_____**

All roofs must be vented per Building Code Minimum. Enclosed roofs are to be vented a minimum of square feet of venting per 150 square feet of roof area, or by other method subject to the Building Official.

I/we certify that the above information is correct and that the construction on, and the occupancy and use of, the above-described property will be in accordance with the laws, rules, and regulations of the State of Washington and the City of Bingen.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____