



# Roof Permit Application Packet



**PLANNING DEPARTMENT – BUILDING DIVISION**

319 Main St. Sultan, WA 98294

Phone 360.793.2231 Fax 360.793.3344



## **ROOF PERMIT APPLICATION INSTRUCTIONS**

**A Single Family Residential Building Re-Roof permit is required for the following:**

- **ANY** modification to roofing in the City of Sultan
- Replacement of roofing material that is not like-for-like (ex. shingle to clay)
- Modifying or replacing sheathing
- Roof overlay\*

*\*Roof overlay is the installation of an additional roof covering over a prepared existing roof covering without removing the existing roof covering. A maximum of 2 roofing layers is allowed.*

**A Single Family Residential Building Re-Roof permit is NOT required for the following:**

- Emergency Repair or cleaning existing roofing material

**A Multifamily Residential, Non-Residential, or Mixed Use Building Re-Roof permit is required for the following:**

- **ANY** modification to roofing

### **Roofing Fees:**

- |                      |           |
|----------------------|-----------|
| • 10 Squares or Less | \$ 35.00* |
| • 10 to 25 Squares   | \$ 45.00* |
| • Over 25 Squares    | \$ 60.00* |
| • Inspection Fee     | \$50.00   |

**\*Add Inspection Fee to square fee**

Date Stamp Area

Staff Initials: \_\_\_\_\_

**CITY OF SULTAN**  
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**2020 - TYPE I ROOF PERMIT APPLICATION**

<b>Application for:</b>	<input type="checkbox"/> Building	<input type="checkbox"/> Fireworks Stand	<input type="checkbox"/> Plumbing
Check all that apply	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flood Hazard	<input type="checkbox"/> Public Works _____
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Residential Building
	<input type="checkbox"/> Fence	<input type="checkbox"/> Mechanical	<input checked="" type="checkbox"/> <b>Roof</b> _____ <b>Total Squares</b>
<b>NEW CONST</b> ____	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Multi-Family Building	<input type="checkbox"/> Sign
<b>REMODEL</b> ____	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Other _____	<input type="checkbox"/> Tenant Improvements

Note: Staff can assist you in determining which permits are needed for your  
**PLEASE FILL OUT ALL THE INFORMATION REQUESTED ON THIS APPLICATION. MISSING INFORMATION MAY INCREASE THE PROCESSING TIME OF THIS APPLICATION. CURRENT BUILDING CODE: 2015 IBC/IRC. 2019 FEE SCHEDULE IN EFFECT. NOTE: PERMIT FEES DOUBLE WHEN WORK HAS STARTED WITHOUT A PERMIT.**

**SITE ADDRESS:** \_\_\_\_\_

Code Enforcement Case Number: \_\_\_\_\_

**Applicant:** -----

Name: _____	Company Name: _____
Address: _____	Phone: _____
_____	Fax: _____
E-Mail: _____	

**Contact (if other than applicant):**

Name: _____	Company Name: _____
Address: _____	Phone: _____
_____	Fax: _____
E-Mail: _____	

**Property Owner (if other than applicant):**

Name: _____	Company Name: _____
Address: _____	Phone: _____
_____	Fax: _____
E-Mail: _____	

**Contractor (if using one):**

Name: _____	Company Name: _____
Address: _____	Phone: _____
_____	Fax: _____
License Number: _____	Expires: _____
E-Mail: _____	Verified: _____

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**2020 - TYPE I ROOF PERMIT APPLICATION (CONTINUED)**

**PLEASE FILL OUT ALL THE INFORMATION REQUESTED ON THIS APPLICATION**

**Project and Property Information:**

Tax Parcel Number(s): \_\_\_\_\_ Acres/Square Feet: \_\_\_\_\_

Property Address or general location (if no address): \_\_\_\_\_

Project Zoning (check one):     LDR     MDR     HDR     HOC     M     UC     P/I

Is property served by City water service?     Yes     No

Is property served by City sewer system?     Yes     No

Project Description: \_\_\_\_\_

Project Valuation: \$ \_\_\_\_\_

Date of pre-application (if applicable): \_\_\_\_\_

**Complete and attach submittal checklist(s) for each application being applied for.**

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**For the applicant:**

I am the owner or am authorized by the owner to sign and submit this application on their behalf. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For the property owner:**

I authorize the above applicant to submit this application on my behalf. I also grant permission for City staff and agents to enter onto the subject property for the sole purpose of making any inspection of the property which is necessary to process this application.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_