



CITY OF LACEY
Community and Economic Development Department
420 College Street SE
Lacey, WA 98503
(360) 491-5642

COMMERCIAL REROOF APPLICATION

Project Address _____ Parcel Number _____

Owner _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Project Value: _____

Contractor _____ Phone _____ Fax _____ Address _____ City _____ State _____ Zip _____ E-mail _____ Contractor's License Number _____ Expiration _____ City of Lacey Endorsement # _____
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Type of Roofing _____ Number of Layers _____ Number of Squares _____

Class of roofing () A () B () C

Work scheduled to begin: _____ Work scheduled to end: _____

() All Commercial projects will require a site visit prior to issuance to check for obvious signs of structural fatigue, condition of existing roofing and number of existing layers.

() Two copies of the installation specifications and U.L. listed roof assembly.

Building Square Footage: _____

Occupancy of Building: _____

- _____ Retail
- _____ Church
- _____ Restaurant
- _____ School
- _____ Office

I hereby certify the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington. The applicant will be responsible for providing a method of safely accessing roof for inspection. A final inspection and approval shall be obtained when the re-roofing is complete.

Applicant's Signature

Date

Print Applicant's Name