



**Permit Center**  
 Location: 400 W. Gowe  
 Kent, WA 98032-5895  
 253-856-5300 FAX: 253-856-6412  
 KentWA.gov/permitcenter

Permit Number
Date received
Completed by

# Reroof Permit Application

- Commercial**
- Multi-Family**
- Residential**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Assessors Parcel No.: \_\_\_\_\_

Building owner	
Name:	
Address:	
City:	Zip:
Phone(s):	E-mail:

Contractor	
Name:	
Address:	
City:	Zip:
Phone(s):	E-mail:
Contractor License #:	
Exp. Date:	UBI #:

Describe the scope of work in detail: \_\_\_\_\_

Tear off: Washington State Energy code insulation requirements apply to commercial and multi-family buildings.

Overlay: Engineer's Certification required for non-residential buildings. See other side.

Estimated valuation \$

Number of roofing squares

Square footage of structure

Uses				
Apartment/Condo	Industrial	Residence	School	Warehouse
Carport	Office	Residential Garage	School Portable	Other: _____
Church	Parking Garage	Restaurant	Theater	
Day Care	Repair Garage	Retail	Utility Building	

Applicant:  OWNER  OWNER'S AGENT  CONTRACTOR  CONTRACTOR'S AGENT

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described on this permit application, the Washington State registered contractor responsible for the work, or I represent the owner or contractor, as signified above and am acting with the owner's/contractors full knowledge or consent. I understand that the city is not an insurer of title to the property affected by this application and that the city is relying upon applicant's representation of legal authority to conduct the work contemplated in this application.

Print name of applicant \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**Application expires 180 days after date submitted.**

# COMMERCIAL OR MULTI-FAMILY RE-ROOF ENGINEER'S CERTIFICATION FOR A SINGLE OVERLAY

Maximum two (2) roofs. Three (3) roofs not allowed.

I, \_\_\_\_\_ hereby certify that the roof structure located at

\_\_\_\_\_, meets the following requirements;

- The roof structure is sufficient to sustain the weight of the additional dead load of the new roofing based on the design values contained in the 2015 International Building Code.
- The roof deck is structurally sound.
- Roof drains and drainage are sufficient to prevent extensive accumulation of water.
- The existing roofing is securely attached to the deck and is adequate as a base for additional roofing.
- The existing insulation, roof and roof covering are not water soaked.
- The fire-retardant requirements are maintained.
- The existing roof covering is NOT wood shake, slate, clay, cement or asbestos cement tile.
- The existing roof covering is comprised of not more than one application of roof covering.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Washington State registered Professional

Affix Seal \_\_\_\_\_  
State of Washington