

PO Box 1200  
Connell, WA 99326

City of Connell



EASTERN  
WASHINGTON'S  
HARVESTLAND

Phone: (509) 234-2701  
Fax: (509) 234-4140

### Re-Roof Permit Application

**\*\*Please Fill Out Completely\*\***

SINGLE-FAMILY RESIDENTIAL

MULTI-FAMILY

COMMERCIAL

\_\_\_\_\_  
Property Address

\$ \_\_\_\_\_  
Valuation of Work

\_\_\_\_\_  
Parcel Number

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contractor St. Lic. No.

\_\_\_\_\_  
Connell Business Lic. No.

\_\_\_\_\_  
Engineer/Architect/Designer

**\*\*This section applies to reroofing projects only\*\***

Tear off

Overlay

Number of preexisting layers: \_\_\_\_\_

Detailed description of project:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Notice: Separate permits are required for Electrical.

This application becomes null and void if after 180 days.

I HEREBY CERTIFY that I have read and examined this application and know the same to be true and correct. All provisions of Laws & Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or the performance of construction.

Permit Fee	\$ _____
Building Code	\$ _____
Comm. Improvement	\$ _____
Plan Review	\$ _____
Total	\$ _____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date