



City of Leavenworth

700 Highway 2 / Post Office Box 287
Leavenworth, Washington 98826
(509) 548-5275 / Fax: (509) 548-6429
Web: www.cityofleavenworth.com

Residential Re-roof Application

Please print with blue or black ink or use auto-fill to complete.

Site Information

Project Address: _____ Parcel Number: _____
Application Date: _____ Project Scope (tear off or overlay): _____

Applicant (the owner or person authorized by the owner to make application and sign)

Last Name: _____ First Name: _____
Business Name: (if applicable) _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Contractor (if different from the applicant)

Contact Name: _____ Business Name: _____
Contractor's License#: _____ UBI Business License#: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Property Owner (if different from the applicant)

Last Name: _____ First Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Conditions of Approval:

By requesting a residential re-roofing permit, you (the applicant) are agreeing to comply with the following conditions and inspection requirements:

1. Roof sheathing inspection only necessary if existing sheathing is in a condition that requires replacement. Contact City of Leavenworth Building Inspector to verify new sheathing thickness requirements.
2. Ice barrier inspection required to verify installation meets 2015 International Residential Code Sec. R905.1.2. Ice barrier shall extend from the lowest edge of the roof to a point not less than 24 inches inside of the exterior wall line. A minimum of two layers are required by this code section.
3. A final inspection required to verify class "A" roofing material, flashing, and drip edge has been properly installed.
4. The applicant is responsible for requesting inspections. A 24-hour notice is required for inspection requests.

I acknowledge that upon issuance of any permit by the City of Leavenworth that it is my obligation to comply with any and all laws, ordinances and regulations governing the type of project permitted whether or not specified in the permit. I acknowledge that the granting of a permit or an approval by the City of Leavenworth does not give any authority to violate or modify the provisions of any other federal, State or local law, ordinance or regulation with respect to regulation of construction, performance of construction and/or operation of the project. By signing, I hereby certify that I am the property owner or authorized to sign on behalf of the owner. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and if any of the information provided is incorrect, the permit or approval may be revoked.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

OFFICIAL USE ONLY	
Received:	Permit Number:
Receipt:	
Reviewed by:	Approved:
	Denied:
Inspections	Approved/Denied with comment:
New sheeting (if required)	
Ice Barrier	
Final Inspection	
Other:	