



RE-ROOF PERMIT APPLICATION & CHECKLIST

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us

www.cityofmlt.com

FOR STAFF USE ONLY

Value of Construction \$ _____

Permit(s) Number(s) _____ Receipt Number(s) _____

Plan Check Fee \$ _____ State Fee \$ _____

Permit Fee \$ _____ Total Fees \$ _____

Processed by: _____ (Initials) Date: ____/____/____

Subject Property Address: _____

1. Work Type: Single-Family Multi-Family / Non-Residential / Mixed Use
2. Tear off: Yes No
3. Estimated Project Cost: \$ _____
4. Roof Square Foot Area: _____ Roof Pitch: _____
5. Type of Roofing to be Applied: _____
6. Existing number of layers: _____ Roofing Classification A B C
7. Building type: Type I Type II Type III Type IV
 Type A Type B Type HT
8. Description of work: _____

9. Submittal Requirements:
 - A completed and signed [Permit Contact Information Form](#).
 - Non-Residential, Mixed-Use or Multi-Family, please provide the following:
 - Roof plan with existing framing information
 - Information on type of roofing being applied, and any underlying materials that will be applied prior to installation of the roofing materials.
 - If listing is other than per International Building Code Section 1507, provide the listing information.

10. Processing Information:
 - Single-family re-roof permits can be issued over-the-counter upon verification of contractor’s current City and State license.
 - Non-residential, mixed-use, and multi-family re-roof applications, that include structural alterations, require plan review prior to permit issuance.
 - Demonstrate roof plans do not need an Engineer’s stamp.

Inspection is required before new roofing materials can be applied.

I certify to the best of my knowledge, the information provided on this checklist is true and correct.

Sign: _____ Date: _____



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PERMIT CONTACT INFORMATION

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Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____