



Building Department
 21630 11th Avenue South, Suite D
 Des Moines, WA 98198
 (206)870-7576 fax:(206)870-6544
 www.desmoineswa.gov

**Over the Counter
 Residential Re-roof
 Building Permit Application**

Project Name: _____ **Project Address:** _____
Complex/Park Name: _____ **Unit/Space Number:** _____
Valuation: _____ **Application Date:** _____

Contractor **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____
WA Contractor License #: _____ **Des Moines Business License #:** _____

Building Owner **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

If you are exempt from contractor registration, per RCW 18.27.090, you must complete and submit with this application an Affidavit in Lieu of General Contractor form. This document is available online, or can be obtained at the Building Department Front counter when you turn in this application for processing.

Permit Type

Re-roof

Scope of Work:

Applicant: Owner Owner's Agent Contractor Contractor's Agent

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Contractor responsible for the work, or I represent the owner or contractor as signified above, and am acting with the owner's/contractor's full knowledge or consent.

Print name of Applicant

Date:

Applicant's signature

Application expires 180 days from date of application

Permit expires 180 days from date of issuance or last inspection

For all work done within the City of Des Moines, please use **Location Code 1709** in reporting and/or remitting to the State all related sales and use taxes