

CITY OF BLAINE

COMMUNITY DEVELOPMENT SERVICES

435 MARTIN STREET, SUITE 3000 • BLAINE, WA • 98230 PHONE: (360) 332-8311 • FAX: (360) 543-9978

www.cityofblaine.com

Re-Roofing Permit Application 1 & 2 Family Dwellings ONLY

FOR OFFICE USE ONLY						
Plan Check Deposit / Permit Fee \$						
Receipt #	STAMP IN DATE					

APPLICANT INFORMATION

Project Name/Tenant:	*Value of Construction:		
Site Address:	Tax Parcel Number:		
Contact Person:	Firm or Company Name:		
Address:	Telephone #:		
City:	State / Zip		E-Mail Address:
Contractor:		UBI#	Telephone #:
Address:	City / State / Zip:		
State Contractor's License #	Expiration Date:		City of Blaine Business License: Current: Yes No Expires:
Architect of Record – Contact Person:			Firm or Company Name:
Address:			Telephone #:
City:	State / Zip:		E-Mail Address:
Engineer of Record – Contact Person:	Firm or Company Name:		
Address:			Telephone #:
City:	State / Zip:		E-Mail Address:
Property Owner:			Telephone #:
Address:			·
City:	State / Zip:		E-Mail Address:

DESCRIPTION OF WORK TO BE DONE (include separate sheets as necessary):								
S.F	S.F. Dwelling		S.F. Accessory Structu	S. F. Covered Deck				
TOTAL S. F. OF STRUCTURE(S)								
	,		TYPE OF WORK					
Single Family	Single Family Residence		Duplex		Commercial			
TYPE OF CONSTRUCTION:	Type V-N		Other	ı	RC Occupancy:			
plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work of equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section R108.3 of the International Building Code. Expiration of Plan Review – Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section R105.3.2 of the International Building Code. ACKNOWLEDGEMENT								
By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit being null and void. I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question. I also agree to provide access and right of entry to City of Blaine and its employees, representatives or agents for the sole purpose of application review and any required later inspections. This right of entry shall expire when the City (through the Director or designee) concludes the application has complied with all applicable laws and regulations. Access and right of entry to the applicant's property shall be requested and shall occur only during regular business hours.								
(PROPER	(PROPERTY OWNER -PRINT NAME)				(DATE)			
I hereby designate(L for permit(s.)	ICENSED CONTRACT	ΓOR'S NAM	to act as E-PRINT NAME)	my ager	nt in matters related to this application			
(PROPER	TY OWNER-OWNER'S	S AGENT - S	SIGNATURE)		(DATE)			