



CITY OF BLAINE

COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

344 H STREET • BLAINE, WA • 98230
 PHONE: (360) 332-8311 • FAX: (360) 332-8330
 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:		Telephone #:
Address:		City / State / Zip:
State Contractor's License #	Expiration Date:	City of Blaine Business License:
Architect of Record:		Firm or Company Name:
Address:		Telephone #:
City:	State / Zip:	E-Mail Address:
Engineer of Record:		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. Dwelling	_____ S.F. Accessory Structure	_____ S. F. Covered Deck	
_____ TOTAL S. F./STRUCTURE(S)			
TYPE OF WORK			
Single Family Residence	Duplex	Commercial	
TYPE OF CONSTRUCTION:	Type V-N	Other	IRC Occupancy: _____

* **Value of Construction** – The value of construction shall include the prevailing fair market value of all labor, materials & equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, 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. No application shall be extended more than once.

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.

(PROPERTY OWNER - **PRINT NAME**)

(DATE)

I hereby designate _____ to act as my agent in matters related to this application
(LICENSED CONTRACTOR'S NAME-**PRINT NAME**)
for permit(s.)

(PROPERTY OWNER - **SIGNATURE**)

(DATE)