



CITY OF
UNION GAP
1883

Re-Roof Permit Application

City of Union Gap Community Development
102 W Ahtanum RD
Union Gap, WA 98903
Phone: 509.575.3638

PROJECT INFORMATION:

☐ Residential Roof ☐ Commercial Roof

If Commercial, is the area of roofing more than 10,000 sq. ft.? ☐ yes ☐ no

Will the old roofing material be removed? ☐ yes ☐ no

If no, what type of material is on the existing roof?

If no, is there already more than 1 layer of roofing attached? ☐ yes ☐ no

Site Address:

Parcel Number:

Zoning: ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ C-1 ☐ C-2 ☐ CBD ☐ W/W ☐ L-I

PROPERTY OWNER:

Property Owner Name:

Phone:

Address:

Mobile:

City:

State:

Zip:

Fax:

Signature:

Email:

APPLICANT: ☐ (check box if applicant is the same as property owner)

Applicant Name:

Phone:

Address:

Mobile:

City:

State:

Zip:

Fax:

Signature:

Email:

CONTRACTOR:

Contractor Name:

Phone:

Address:

Mobile:

City:

State:

Zip:

Fax:

License Number:

Email:

Signature:

This Section to Be Completed for Construction Permits Only

Pursuant to RCW 19.27.095 (2)(i-ii). The requirements for a fully completed construction application shall include.

1. The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or
2. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project.

If for any reason the information requested below is not available at the time of the application, the applicant shall provide the information as soon as it can be reasonably obtained.

Lending Agency Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

I acknowledge by checking this box that this project has no bonding agency.

If you are the Owner and Acting As your Own Contractor, please complete the following declaration:

I acknowledge that I am applying for a construction permit thru the Union Gap Community Development Department.

I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) _____ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____