SKAMANIA COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING/FIRE MARSHAL • ENVIRONMENTAL HEALTH • PLANNING
SKAMANIA COUNTY COURTHOUSE ANNEX
POST OFFICE BOX 1009
STEVENSON, WASHINGTON 98648
PHONE: 509-427-3900 INSPECTIONS: 509-427-3922

REROOF PERMIT

SITE & PERMITTEE INFORMATION **PERMIT FEE:**

OWNER NAME: _____ **DATE:** _____

PARCEL NUMBER: _____ **PHONE #:** _____

MAILING ADDRESS: _____ **WORK/MESSAGE#:** _____

CITY/STATE/ZIP: _____ **TYPE OF ROOF:** _____

CONTRACTOR: _____ **RESIDENTIAL:** _____

CONTRACTOR'S LICENSE#: _____ **COMMERCIAL:** _____

CONTRACTOR'S PHONE #: **OTHER:**

DESCRIPTION	YES=1;NO=0		FEE	AMOUNT
PERMIT FEES: UNDER 3200 SQ FT =		X	$75.00	$0.00
UP TO 6400 SQ FT =		X	$150.00	$0.00
ADDITIONAL INCREMENTS OF 3200 SQ FT =		X	$75.00	$0.00
			SUBTOTAL:	$0.00
			WASHINGTON STATE SURCHARGE:	$4.50
			TOTAL:	$4.50

ALL PROJECTS REQUIRE INSPECTION BEFORE COVER

This application/permit is null and void if the work or construction is not commenced within 180 days, or if the work or construction is suspended or abandoned for 180 days anytime after work is commenced, or if work is not completed within two years from date of issue.

It is the owners/contractors responsibility to comply with all applicable laws, codes and regulation. **SKAMANIA COUNTY** makes no assurances or guarantees that the site, lot, soil, grade or other conditions are suitable for the proposed project. Please be advised that, due to the instability of mountainous areas, **SKAMANIA COUNTY** makes no assurance as to the suitability of any lot or parcel for building purposes.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH. WHETHER SPECIFIED OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

I _____, _____
Owner Name (Please Print) **Owner Signature**

as shown by their signature hereto, designates _____ , to
Please print name of agent

act as their agent as to all issues having to do with the building permit at

_____, _____ , _____ .
Physical address of project **City** **State**

_____
Date