Planning & Building Department
201 Center St W
Eatonville, WA 98328
360-832-3361 ext. 114
planningadmin@eatonville-wa.gov

PERMIT NUMBER: _____

WORK TYPE: RESIDENTIAL _____ COMMERCIAL _____

ROOF APPLICATION

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
PROJECT DESCRIPTION		

_____TEAR OFF _____ OVERLAY (_____ OF EXISTING LAYERS)

An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____ Owner _____ Agent/Other _____

Signature: _____ Date: _____

(If you are not the property owner and are submitting on the owner's behalf, an Owner Authorization Form is required.)