



Return your permit application to Community Development Department
 1321 S Market Blvd. Chehalis, WA 98532
 (360) 345-2229
www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us

Re-Roofing Permit

Job address: _____ Parcel #: _____

Applicant/Contact person

Name: _____
 Mailing address: _____
 City, State, and Zip: _____
 Phone #: _____ Email: (required) _____

Contractor/Engineer/Surveyor

Contact Name: _____
 Company/Firm Name: _____
 Mailing address: _____
 City, State, and Zip: _____
 Phone #: _____ Email: (required) _____
 Contractor's L&I #: _____

Re-Roof	Total Square feet	#

Welding or Hot Work involved Yes No

Only the plan(s) submitted will be reviewed for compliance with applicable codes. By signing below, you grant permission for any City of Chehalis employee the right to access and remain on the property for the purpose of review and approval of this proposal and to conduct inspections related to this proposal.

Signature: _____	Date: _____
Print Name: _____	

Office use only

Received by: _____	Date Received: _____
Parcel #: _____	
Permit #: _____	
Zoning: _____	
Flood Zone: yes no Zone Classification: _____	