



Burien

Washington, USA

Building Permit Application (Re-Roof)

400 SW 152nd Street, Suite 300. Burien, WA 98166
Phone: (206) 241-4647 • FAX: (206) 248-5539
www.burienwa.gov

Permit Number: _____

PROPERTY INFORMATION			
Site Address:		Parcel Number:	
PROPERTY OWNER INFORMATION			
Property Owner Name:		Daytime Phone:	Cell Phone:
Mailing Address:		E-Mail:	
APPLICANT INFORMATION			
Name:		Daytime Phone:	Cell Phone:
Mailing Address:		E-Mail:	
CONTRACTOR			
Name:		Company:	Daytime Phone:
Mailing Address:		Cell Phone:	
Contact person (if different):		E-Mail:	
Burien Business License Number:	Contractor's License #: (card must be presented)	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
DESIGN PROFESSIONAL <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other			
Name:		Company:	Daytime Phone:
Mailing Address:		Cell Phone:	
State Professional License No.		E-Mail:	
VALUATION: (Based on Fair Market Value for the cost of materials and installation.)			\$ _____
LENDER INFORMATION			
NOTICE: Effective 4/1/92, per RCW 19.27.095, all building permit applications must include the name, address, and phone number of the office of the lender administering the interim construction financing, if any; or the name and address of the firm that has issued a payment bond on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project. (Keep in mind that contractors are only required to carry a bond amount of \$6,000 in order to be licensed.)			
Name of Lender (or bonding firm):		Phone number:	
Complete Address:			
OWNER / CONTRACTOR AFFIDAVIT (Check box if applicable)			
<input type="checkbox"/> I am not a contractor, specialty contractor or a general 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, materials and/or any assistance on any aspect/s of the construction, alteration or repair authorized by the building permit, the aggregate compensation for which equals or exceeds \$500, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I am also aware that the City of Burien requires all persons doing business within the City of Burien to hold current City Business Licenses. This includes contractors, specialty contractors, tradespersons, and any other person offering their service for hire, even if they have no office within the city limits. As an owner / contractor, I agree to retain only contractors, specialty contractors, tradespersons, and other doing work on my project who hold a current City of Burien business license. * (Legal Owner must sign the application for this to be valid)			
EXPIRATION OF PLAN REVIEW			
NOTICE: Applications that are subject to plan review and for which no permit has been issued may be canceled for inactivity, if an applicant fails to respond to the building department's written request for revisions, corrections, actions or additional information within 90 days of the date of the request. Applications for which no permit is issued within 18 months following the date of application shall expire and all fees paid shall be forfeited.			
RIGHT OF ENTRY			
NOTICE: Issuance of the building permit automatically conveys to the Building Department the authority to enter the premises at reasonable hours for the purposes of inspecting the project and adherence to the terms of the permit until such time as a the project is complete AND final inspection is approved.			

The following information is needed in order to determine whether this permit requires plan review or can be issued over the counter.

1. Occupancy Type: (Select the occupancy type which most closely represents the building's use.)		
<input type="checkbox"/> Non-Residential: Buildings, structures or facilities other than residential (office buildings, shopping centers, industrial parks, churches, hotels, schools, hospitals, government) or an accessory structure to this occupancy type.		
<input type="checkbox"/> Multi Family Residential: (3 or more family dwelling units or an accessory structure to this type of occupancy.)		
<input type="checkbox"/> Mixed Use: Buildings, structures or facilities that include residential and non-residential occupancies or an accessory structure to this occupancy type.		
<input type="checkbox"/> Single Family Residential: 1 and 2 unit family dwellings, townhomes as defined by the International Residential Code or an accessory structure to these occupancy types.		Number of Dwelling Units _____ Detached Accessory Structure (Type) _____
2. What is the existing roofing material? (select all that apply)		
<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Factory Coated Metal Roof Panels	<input type="checkbox"/> Torch down / Hot mop (built-up)
<input type="checkbox"/> Clay, Cement or Slate	<input type="radio"/> Other _____ (Review required) ¹	<input type="checkbox"/> Wood Shake
<input type="checkbox"/> Copper	<input type="checkbox"/> Single Ply (PVC membrane)	<input type="checkbox"/> Wood Shingle
3. What is the new roofing material? (select all that apply)		
<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Factory Coated Metal Roof Panels	<input type="checkbox"/> Torch down / Hot mop (built-up)
<input type="checkbox"/> Clay, Cement or Slate	<input type="radio"/> Other _____ (Review required) ¹	<input type="checkbox"/> Wood Shake
<input type="checkbox"/> Copper	<input type="checkbox"/> Single Ply (PVC membrane)	<input type="checkbox"/> Wood Shingle
4. Activity Type: (Select the type of re-roof work that will be done under this permit and answer the applicable questions.)		
<input type="checkbox"/> A. Re-Roof Overlay: Installation of new roofing material over existing roofing material. <i>(Single Family Residential structures do not require a permit for this activity type if there is only one existing layer of roofing material.)</i>		
<input type="checkbox"/> The roof has only one existing layer of roofing material.	<input type="radio"/> The roof has more than one existing layer of roofing material. (Plan review required) ²	
<input type="checkbox"/> The new roofing material does not add more than 3 lbs per square foot.	<input type="radio"/> The new roofing material adds more than 3 lbs per square foot. (Plan review required) ²	
<input type="checkbox"/> B. Re-Roof Replacement: Removal of the existing roofing materials and the installation of new roofing materials over the existing roof sheathing. <i>(Single Family Residential structures do not require permit for this activity type.)</i>		
<input type="checkbox"/> The new roofing material does not add more than 3 lbs per square foot than roofing material being removed.	<input type="radio"/> The new roofing material adds more than 3 lbs per square foot than the roofing material being removed. (Plan review required) ²	
<input type="checkbox"/> Roof deck insulation will be replaced with the same or better R-Value, or; <input type="checkbox"/> No existing roof deck insulation	<input type="radio"/> Roof deck insulation will not be replaced with the same or better R-Value. (Plan review required) ³	
<input type="checkbox"/> C. Re-Roof Replacement – Roofing & Sheathing: Removal of the existing roofing materials; and, the replacement of the existing roof sheathing; or, the placement of new roof sheathing over the existing sheathing and new roofing materials are installed over new roof sheathing.		
<input type="checkbox"/> The new roofing and sheathing material is not more than 3 lbs heavier per square foot than the material being removed.	<input type="radio"/> The new roofing and sheathing material is more than 3 lbs heavier per square foot than the material being removed. (Plan review required) ²	
<input type="checkbox"/> Roof Rafters or Trusses are spaced at 24" on center or less.	<input type="radio"/> Roof Rafters or Trusses are spaced at more than 24" on center. (Plan review required) ⁴	
<input type="checkbox"/> Plywood or OSB sheathing is at least 7/16"	<input type="radio"/> Plywood or OSB sheathing is less than 7/16". (Plan review required) ⁴	
<input type="checkbox"/> Roof deck insulation will be replaced with the same or better R-Value, or; <input type="checkbox"/> No existing roof deck insulation	<input type="radio"/> Roof deck insulation will not be replaced with the same or better R-Value. (Plan review required) ³	

- Notes:**
1. Review is required to evaluate the materials to be replaced and or installed.
 2. Engineering must be provided for review to demonstrate the existing roof structure is capable of supporting the additional loads.
 3. Documentation must be provided to demonstrate how minimum energy code insulation requirements will be met.
 4. Engineering must be provided for review to demonstrate the new and existing structural members are capable of supporting the applicable loads.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am the owner of this property or am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Burien as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which maybe be made by any person, including the undersigned, and filed against the City of Burien, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

Owner's Signature:	Date:
Print Name:	
Authorized Agent's Signature:	Date:
Print Name:	