

Town of Friday Harbor  
PO Box 219 / Friday Harbor / WA / 98250  
(360) 378-2810 / fax (360) 378-5339 / [www.fridayharbor.org](http://www.fridayharbor.org)

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## Roofing Permit Application

Type of Work:  Residential  Commercial Multi-Unit Residential Building (RCW 64.55)  Yes  No  
New \_\_\_\_\_ Replacement (in kind material) \_\_\_\_\_ Other \_\_\_\_\_

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### PROPERTY INFORMATION

Site Address:

Tax Parcel Number:

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### PROJECT INFORMATION

Description of work:

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Number of layers of existing roofing:

Type of existing roofing material being covered:

Type of new roofing material being installed:

Will roof sheathing be replaced?  Yes  No

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**Responsible Parties:** Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, etc. Use additional sheets if needed. All contractors and sub-contractors must have a valid Town of Friday Harbor (TFH) Business License.

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ UBI#: \_\_\_\_\_

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ UBI#: \_\_\_\_\_

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<b>Check all that apply</b>	<input type="checkbox"/> Applicant*	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other:
Name:	Company:			
Mailing Address:				
City:	State:	Zip Code:		
Phone:	Email:			
Contractor License #:		UBI #:		

\*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the Town regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the Town in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Submittal Requirements**

- Completed Roofing Permit Application
- Material specification sheets
- Energy Code Compliance Forms, as applicable:

Single Family \_\_\_\_\_

Multifamily \_\_\_\_\_

Commercial \_\_\_\_\_ (web tool only <https://waenergycodes.com>)