



ROOFING & SIDING BUILDING PERMIT APPLICATION

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362
360.417.4817 | www.cityofpa.us | permits@cityofpa.us

CITY USE ONLY

App. #: _____

Received: _____

PROJECT INFORMATION

- Single-Family Residential Multi-Family Residential Commercial Industrial Public

Project Address: _____

Tax Parcel No.: _____ Zoning: _____

Primary Contact: _____ (Property Owner: Yes No)

Phone: _____ Email: _____

OWNER INFORMATION

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

CONTRACTOR INFORMATION

Company Name: _____ License: _____

Mailing Address: _____ Expiration Date: _____

Email: _____ Phone: _____

ROOFING / SIDING DETAILS

Project Type: Re-roof Siding **Installation Type:** Tear-off Existing Material Layover Existing

New material type: _____

Project Value (Materials + Labor): \$ _____

Project Description: _____

REQUIRED APPLICATION MATERIALS CHECKLIST

- Roofing/Siding Building Permit Application:** Complete this form and have an authorized agent sign
- A Digital Copy of All Application Materials:** E-mailed to: permits@cityofpa.us

I have read and completed the application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required and to obtain permits prior to work. I understand that plan review fees are not refundable after review has occurred. I understand that I will forfeit review fees if I withdraw the application before the permit is issued. I understand that additional information may be required when determined necessary by the building official and if the permit is not picked up/issued within 180 days of submittal, the application will be considered abandoned and the fees will be forfeited.

Date Print Name Signature (Owner Contractor Representative)