

Permit No.: _____



CITY OF CHELAN
DEPARTMENT OF COMMUNITY DEVELOPMENT
135 E JOHNSON AVENUE, PO Box 1669, CHELAN, WA 98816
TELEPHONE: (509) 682-8017

RE-ROOF PERMIT APPLICATION
SINGLE FAMILY RESIDENCE, MULTI-FAMILY, COMMERCIAL

Parcel Number (APN): _____ **Lot Size:** _____ (Acres)
Parcel Address: _____
Abbreviated Legal Description: _____
Property Owner(s): _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Applicant: _____ **Company Name:** _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Contractor's Name: _____ **City Business License:** _____
Contractor's License Number: _____ **Expiration Date:** _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Application For: *Check one:* SINGLE-FAMILY MULTI-FAMILY COMMERCIAL

Check one: RECOVER OVER EXISTING REMOVE EXISTING & REPLACE

(Engineer's Letter Required, if more than 2 layers)

TYPE OF ROOF MATERIAL REMOVED _____ **TYPE OF ROOF MATERIAL INSTALLED** _____

1. Is the additional weight on the roof more than 3psf? Yes _____ No _____
If Yes, please provide an evaluation report from a licensed professional engineer verifying that the existing framing is adequate to support the additional roofing materials as required by Section 706.2 of the 2018 International Existing Building Code.
2. Was the building built prior to 1975 and include unreinforced masonry parapets? Yes _____ No _____
If Yes, please show that adequate unreinforced masonry parapet bracing is provided or submit an engineered design and supporting calculations for new parapet bracing as required by Section 706.3.1 of the 2018 International Existing Building Code.
3. Will more than 50% of the roofing materials be removed? Yes _____ No _____
If Yes, please provide and engineer's evaluation showing that the roof diaphragm connections and roof-to-wall connections are capable of resisting 75% of the IBC wind loads, including uplift, as required by Section 706.3.2 of the 2018 International Existing Building Code.

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature: _____ **Date Submitted:** _____

Print Owner/Applicant Name: _____

Place Where Signed: _____, WA