



MASON COUNTY COMMUNITY SERVICES DEPARTMENT

Mason County Bldg. 8,
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Belfair (360)275-4467 x352 Elma (360)482-5269 x352

BLD20 _____ - _____

NON STRUCTURAL RE-ROOF APPLICATION

APPLICANT INFORMATION:

Owner _____ Mailing Address _____
City _____ State _____ Zip Code _____ Phone _____
Cell _____ Email _____

CONTRACTOR INFORMATION:

Company Name _____ Mailing Address _____
City _____ State _____ Zip Code _____ Phone _____
Alt. Phone _____ Contractor Reg. # _____ Exp. ____/____/____

PARCEL INFORMATION:

Site Address _____ City _____
Tax Parcel Number (twelve digit number) _____

STRUCTURE INFORMATION:

Roof Slope: (pitch) _____

Old Roof Material: Comp. Metal Shingles Tile Hot Mop

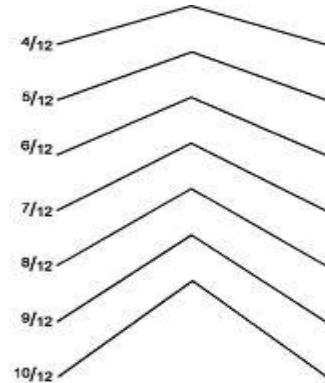
New Roof Material: Comp. Metal Shingles Tile Hot Mop

Sheathing: New (Size _____) Existing Skip Sheathing

Existing Insulation: Yes No (Manuf. Homes Require L&I Permits)

New Insulation or Vaulted Ceiling: See Below IECC 101.4.3

Use of Structure(s) - (i.e. garage, dwelling, etc.): _____



Roof Slope: IRC section R904.1

Roof slope must be indicated to ensure selected roof covering is allowed on designed pitch.

Roof Covering: IRC section R905 & 907

Selected roof covering must be installed in accordance with manufacturer's specifications and IRC requirements. A drip edge shall be provided at eaves and gables of shingle roofs.

Attic Ventilation: IRC section R806

Enclosed attic and rafter area shall be supplied with cross-ventilation. The net area shall not be less than 1/150 of the area of the space to be ventilated. If 50% and not more than 80% of the ventilating area is provided from the upper portion of the space to be ventilated, then 1/300 is allowed.

Insulation: IECC 101.4.3 exception #5

Roofs without insulation in the cavity and where the sheathing or insulation is exposed during re-roofing shall be insulated either above or below the sheathing. Insulation is not required for roofs where neither the sheathing nor the insulation is exposed. (Reference IECC/WSEC R101.4.3)

OWNER / BUILDER acknowledges submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the owner, owners legal representative, or contractor. I further declare that I am entitled to receive this permit and to do the work as proposed. I have obtained permission from all the necessary parties, including any easement holder or parties of interest regarding this project. The owner or authorized agent represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure(s) for review and inspection. This permit/application becomes null & void if work or authorized construction is not commenced within 180 days or if construction work is suspended for a period of 180 days. **PROOF OF CONTINUATION OF WORK IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS WILL INVALIDATE THE APPLICATION.**

X _____
Signature of Applicant
X _____
Print Name

Date
OWNER / REPRESENTATIVE / CONTRACTOR
(CIRCLE ONE)