



**MASON COUNTY
COMMUNITY SERVICES DEPARTMENT**

COM _____

Mason County Bldg. 8, 615 W. Alder Street Shelton, WA 98584
www.co.mason.wa.us (360)427-9670 ext.352 Belfair (360)275-4467 Elma (360)482-5269

NON-RESIDENTIAL RE-ROOF APPLICATION

Roofing Sq ft area _____ Type of Roofing to be Applied _____

Number of existing layers _____ Roof Pitch: _____ Tear off: Yes No

Use of building _____ (Occupancy classification) Construction Type: _____ (wood, steel frame, masonry etc.) Roofing Classification _____ (** See note below (A, B or C))

**Include manufacture specifications verifying materials meet roofing classification.
B & C roofing classifications require site plan drawn to scale.**

Will insulation be installed? Yes No

Existing Insulation, describe : _____

Existing roofs shall be insulated to the requirements of R-38 if electric heat, R-30 all others, IF:
a. The roof is uninsulated or insulation is removed to the level of the sheathing or
b. All insulation in the roof/ceiling was previously installed exterior to the sheathing or nonexistent.

Roof ventilation, describe : _____

Roof deck & insulation Inspection required before new roofing materials can be applied

Name of Business: _____

Subject Property Address: _____

Assessors parcel number(s): _____
(Address and parcel number required for all applications)

Owner: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____ FAX (_____) _____ E-Mail: _____

****Expedited permits may be obtained for class A roofing**

I hereby authorize Mason County representative(s) to inspect my property Monday-Friday between the hours of 8 a.m. and 5 p.m. during this permit application process for purposes of verifying site conditions.

Owner: _____

Date: _____