



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT

RE-ROOF PERMIT APPLICATION

Mailing Address: P.O. Box 547, Anacortes, WA 98221

Office Location: 904 6th Street, Anacortes WA 98821

Phone: (360) 293-1901, Fax: (360) 293-1938

PLEASE REFER TO THE RE-ROOF PERMIT CHECKLIST FOR SUBMITTAL REQUIREMENTS

<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> COMMERCIAL	
PROJECT ADDRESS (Street, Suite #): 1501 15th Street		PARCEL(s) #: 3812-005-002-0001	
Subdivision/Lot #:		PROJECT VALUATION \$ \$2000	
APPLICANT: NASCADA ROOFING & PAINTING LLC		Phone: 360 466, 8889	
Address (Street, City, State, Zip): 24586 Marlene WA Sedro Woolley WA		E-Mail Address:	
PROPERTY OWNER: Ronald Louis Fernandez 98284		Phone: 949-856-1537	
Address (Street, City, State, Zip): 1501 15th Street		E-Mail Address: ron@fernandezmusic.com	
CONTACT PERSON: Jesus		Phone:	
Address (Street, City, State, Zip): 24586 Marlene WA Sedro Woolley WA		E-Mail Address:	
CONTRACTOR:*		Phone:	
Address (Street, City, State, Zip):		E-Mail Address:	
*All Contractors & subcontractors must have a valid City of Anacortes business license prior to doing work in the City. Contact the City's Finance Department at (360) 299-1968.		Contractor's License #	Exp. Date:
		Business License #:	Exp. Date:
PROPOSED WORK: Roofing - TOP singles 30 year			
TYPE OF ROOFING:		NUMBER OF LAYERS:	
CLASS OF ROOFING: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		NUMBER OF SQUARES:	
I declare under penalty of perjury that the information I have provided on this form/application is true, correct, and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Anacortes.			
Print Name: _____		Owner <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____	
Signature: _____		Date: _____	



City of Anacortes
 904 6th Street
 P.O.Box 547
 Anacortes, WA 98221-0547

Invoice/Permit #: BLD-2019-0288
Applied date: 05/03/2019
Issue date:
Expire date: 10/29/2020

Job Address: 1501 15TH ST
 ANACORTES WA 98221-2216

Permit Type: Reroof Single Family Residence
Project:

APN: P106750

Remarks: Remove & replace with 30year asphalt tab shingle roofing

Owner: LOUIS FERNANDES

Contractor:

Address: 1501 15TH ST

Address:

ANACORTES WA 98221-2216

Phone: (949) 856-1537

Phone:

License #:

General Information:


Building Valuation 8000

Fees:

Building Permit Fee	153.25
State Building Code Fee Resi	6.50
Total Calculated:	159.75
Deposits/Receipts:	0.00
Total Due:	159.75

Permits and Insp... - BLD-2019-0288 - 2019
 019167-0019 Keri Kna... 05/03/2019 08:59AM
 12399 - N CASCADE ROOFING...
 BLD-2019-0288 Reroof Single Family Residence
 Payment Amount: 159.75
 Transaction Amount: 159.75
 OZCASH#: *

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OF THIS PERMIT. IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED, THE PERMITTEE SHALL REAPPLY FOR A PERMIT. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.


 SIGNATURE OF OWNER OR AUTHORIZED AGENT


 ISSUED BY