



**CITY OF SELAH
698-7365 or 698-7369
PERMIT APPLICATION FORM**

FOR ALL ROOFING PROJECTS

Application to be filled out in full for proper consideration

Job Address: _____ **Parcel No:** _____

Owner: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

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

Contractor: _____ **Phone No:** _____

St. License No: _____ **Exp Date:** ____/____/____

Address: _____ **City** _____ **State** _____ **Zip** _____

Description of work: _____

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 grant 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 Contractor Date

_____/____/____
Signature of Owner (if builder) Date

Print Name _____

Application accepted by: _____

FEE SCHEDULE:	
Permit fee (residential) - \$72.41	_____
Permit fee (non-residential) - \$144.83	_____
For roofs up to 10,000 sq. ft.; addl.	
\$72.41 for each 10,000 sq. ft after that	
Bldg. Code Surcharge - \$4.50	_____