

Re-Roof Building Permit Application & Checklist

P: 503-682-4960 • Secure Fax Line 503-682-1013

Online Inspection Request www.ci.wilsonville.or.us • 24 Hr Inspection IVR Line: 503-682-4159



29799 SW Town Center Loop East
Wilsonville, OR 97070

Type of work	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:
Category of construction	
<input type="checkbox"/> 1 & 2 family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multifamily	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other:	
Job site information and location	
Job address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Lot No.:	
Description of Work	
List all known deferred submittals associated to this project	
Owner	
Name:	Phone:
Address:	
City/State/ZIP:	
E-mail:	
Contractor	
Business name:	
Address:	
City/State/ZIP:	Phone:
E-mail:	
CCB lic. no.	Exp. Date:
City Business/Metro License No.	Exp. Date:
Applicant	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
Owner / Applicant Signature	
Authorized signature:	
Print name:	Date:
This permit application will expire if a permit is not obtained within 180 days after it has been accepted as complete.	

Office Use Only	
Permit no:	
Re-roof complete the section below	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups	
Existing:	
New:	
New Impervious:	
Fire Sprinkler System?	Yes No
New Water Meter:	Domestic: Irrigation:
Notice	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.	
Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.	
I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. _____ (initials)	
Building Permit Fees*	
Please refer to fee schedule	
Fees due upon application:	
Amount received:	
Date received:	

COMMERCIAL RE-ROOF CHECKLIST

City of Wilsonville, 29799 SW Town Center Loop E., Wilsonville, OR 97070

permits@ci.wilsonville.or.us Phone: 503-682-4960

Address: _____ Wilsonville, OR 97070

Please submit this supplemental document with your building permit application for a Commercial Re-roof along with 2 site plans, and 2 sets of all specifications required.

Indicate with a check mark any concerns associated with this roof. Add any additional comments if needed.

Is there excessive ponding? Circle action taken below:

Relocate roof drains	Relocate scuppers	Provide new roof drains/scuppers
Re-slope roofing with (wood, Styrofoam, fireboard materials)	Re-slope roofing with cricket	Provide Engineering if substantiating ponding can remain
Other		

Are you re-routing a storm drain to an approved location? Circle action taken below:

Add plumbing pipe from existing roof drain to storm drain in public right of way	Relocate existing roof drainage	Obtain plumbing permit (needed for interior drain or new storm drain to approved location)
Other		

Are you repairing existing sheathing with new sheathing? Circle action taken below:

Call for inspection with roofing and sheathing removed to determine extent of damage	Provide new sheathing	Pre-roof inspection required
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_____ Are you changing the roof material or color of roof material? Is it visible from the street? If yes, you are required to Contact the Planning Division 503-682-4960 for Land Use approval.

Provide Required Specifications (two copies) if replacing any of the below:

_____ Replace roof flashing or edging (Provide specifications of material)

_____ Add roof ventilation (Provide specifications of material)

_____ Roof hatch (adding or replacing) (Provide specifications of material)

_____ Skylights (adding or replacing) (Provide specifications of material)

_____ Structural loads (Provide Engineering if roofing material is adding additional weight)

_____ Roof re-covering (Provide specifications of material)

_____ Roof replacement (Provide specifications of material)

_____ Under Lament (Provide specifications of material)

_____ Installation of Roof Anchors (Provide specifications of material)

_____ Provide site plan (two copies)

_____ Submit a Building Permit Application Form along with this form and the following information:

- Occupancy (Use of Building)
- Number of Square Feet
- Slope of Roof
- Specifications of ALL NEW materials
- Manufacture installation instructions
- IF a TPO Replacement provide Insulation Specifications
 - Is this Heated space, Semi Heated space, or Unheated Space