



CITY OF NEWPORT
 Community Development Dept.
 169 SW Coast Hwy
 Newport, OR 97365
 (541) 574-0629
 (541)574-0644 Fax
 INSP: BuildingPermits.Oregon.gov
 or phone: 1-888-299-2821

Office Use Only
Permit #:

COMMERCIAL RE-ROOF PERMIT APPLICATION

Applications may be obtained online at:
www.newportoregon.gov/business/formsAppsPermits.asp

1. Job Information (where work is taking place)

Job Site Address: _____

2. Owner's Name:

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

3. Applicant (owner or authorized agent)

Mark if same as owner Mark if same as contractor

Name of Applicant: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

4. Contractor Information (person/company performing the work)

Name of Contractor: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

OR CCB # (Req'd): _____

City Business License # (Req'd): _____

5. Contact Person (receives building permit correspondence)

same as: owner contractor applicant

Name of Contact: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

6. Project Description:

I hereby certify that I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

Copyright Release: I hereby grant permission to the City of Newport to replicate, scan and post to the internet, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities and members of the general public.

By attaching my signature below, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form.

I agree _____ Authorized Signature: _____ Date: _____

Print Name: _____

REQUIRED DATA			
Roof Square Footage:			
Number of Squares:			
Type of Roofing:			
Class of Roof: <input type="radio"/> Class A <input type="radio"/> Class B <input type="radio"/> Class C Contractor must provide product information for the classification of roofing material			
Fire Retardant Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Existing Layers:			
<input type="checkbox"/> Stripping <input type="checkbox"/> Overlaying			
Permit fees are based on the value of the work performed. Indicate the value (rounded up to the nearest thousand) of all material & labor for the work indicated on this application.			
Valuation: _____			
PERMIT FEES			
Valuation	Permit Fee	Each Add'l	Total
\$0 - \$500	\$13.00	-	
\$501 - \$2,000	\$13.00 for the first \$500	+ \$1.95 ea. Add'l \$100 or fraction thereof to & including \$2,000	
\$2,001 - \$25,000	\$42.25 for the first \$2,000	+ \$7.80 ea. Add'l \$1,000 or fraction thereof to & including \$25,000	
\$25,001 - \$50,000	\$221.65 for the first \$25,000	+ \$5.85 ea. Add'l \$1,000 or fraction thereof to & including \$50,000	
\$50,001 - \$100,000	\$367.90 for the first \$25,000	+ \$3.90 ea. Add'l \$1,000 or fraction thereof to & including \$100,000	
\$100,001 & up	\$562.90 for the first \$100,000	+ \$3.25 ea. Add'l \$1,000 or fraction thereof	
Commercial Re-Roof Permit Fee			
A) Permit Subtotal (total from above checklist)			
B) Minimum permit fee (only if A is less than \$65 = \$65.00)			
Investigation Fee – working without permits (\$65/hr. w/1 hr. min.)			
State Surcharge (12% of permit subtotal = A x 0.12)			
TOTAL PERMIT FEE			
EXPIRATION OF APPLICATION: This application expires if a permit is not obtained within 180 days after it has been accepted as complete, and a permit becomes null & void if the authorized work is suspended for a period of 180 days at any time after work is commenced.			