



**CITY OF DES MOINES  
PLANNING BUILDING AND  
PUBLIC WORKS DEPARTMENT**

**OVER THE COUNTER  
RESIDENTIAL  
BUILDING PERMIT  
APPLICATION  
B002**

21630 11th Avenue South, Ste D • Des Moines, Washington 98198 • Tel: (206) 870-7576 Fax: (206) 870-6544

**PERMIT TYPE**

**NOISE REMEDY**

**RE-ROOF**

*\*Commercial Re-roofs are not issued over the counter. They must be prescreened during open counter hours of 9-11am, Monday - Friday\**

**PROJECT INFORMATION**

Project Address: \_\_\_\_\_ Parcel No.: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Owner Phone No.: \_\_\_\_\_  
 Type of Construction: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor:\*\* \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contractor Phone Number(s): \_\_\_\_\_  
 WA Contractor License No: \_\_\_\_\_ City Lic #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

**VALUATION (Amount of bid) : \$** \_\_\_\_\_

**\*If you are the homeowner & doing the work yourself, you must complete an Affidavit in Lieu of General Contractor which must be notarized before the permit can be issued. This document can usually be obtained & notarized at the Front Counter when you turn in this application for processing\***

**I have read this application and certify that the information furnished by me is correct and agree to comply with all city ordinances and state laws regulating building construction in the City of Des Moines, Washington. I also understand that plan reviews and permits expire in accordance with Section 303(d) of the IBC. I understand that as property owner or contractor/agent of the property owner, all work performed under this permit requires an inspection. I also understand that I must request an inspection no later than 24 hours in advance for all work performed under this permit.**

\_\_\_\_\_  
**Owner/Contractor Signature**

\_\_\_\_\_  
**Date**

PERMIT NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

CITY OF DES MOINES INSPECTIONS ARE FROM 7:30AM—3:30PM\*

**24 HOUR ADVANCE NOTICE REQUIRED**  
**3PM CUT OFF FOR NEXT DAY INSPECTIONS**  
**INSPECTION REQUEST LINE: 206-870-6531**

*\*During inclement weather conditions, these inspection times will be altered to insure the safety of our inspectors.*

**ALL OVER THE COUNTER BUILDING PERMIT APPLICATIONS  
MUST BE SUBMITTED WITH THE FOLOWING:**

- 1. Signed copy of bid**
- 2. Copy of Washington State Department of Labor and Industries valid Contractor's License**
- 3. Scope of work with bedrooms clearly identified (noise remedy only)**

**NOISE REMEDY REQUIREMENTS**

INSPECTIONS:

- Sheetrock Nailing
- Electrical (separate application)
- Mechanical (separate application)
- Final (on all permits)

VERIFICATION OF AIR CHANGES:

- Test of ventilation system

**RE-ROOF REQUIREMENTS**

ROOF NAILING INSPECTION:

- Post permit on site
- Provide access to roof, as well as safety ropes and/or harness
- Expose roof deck for inspection
- Contact person is **required** to be on site

FINAL ROOFING INSPECTION

- Provide access to roof, as well as safety ropes and/or harness
- Contact person is required to be on site

*ALL OVERLAYS MUST BE PRE-APPROVED BY THE BUILDING OFFICIAL*

**VENTILATION AS PER IRC R806.2**

**R806.2 Minimum Area:** The total net free ventilating area shall not be less than 1 to 150 of the area of the space ventilated except that the total area is permitted to be reduced to 1 to 300, provided at least 50 percent and not more than 80 percent of the required ventilating area is provided by ventilators relocated in the upper portion of the space to be ventilated at least 3 feet above eave or cornice vents with the balance of the required ventilation provided by eave or cornice vents. As an alternative, the net free cross-ventilation area may be reduced to 1 to 300 when a vapor barrier having a transmission rate not exceeding 1 perm is installed on the warm side of the ceiling.