

# PERMIT APPLICATION FOR ROOFING REPLACEMENT

**Use this application for replacement of residential roofing  
when more than 25% of the entire roof is being replaced**

WEST NOTTINGHAM TOWNSHIP  
P.O. Box 67  
Nottingham, PA 19362  
Phone (610) 932-4072

**Directions:** Please fill in all blank spaces, including contractor information, and sign in space provided.

Date: \_\_\_\_\_ Tax Parcel No. 68-\_\_\_\_\_-\_\_\_\_\_

Project Site Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's I.D.: \_\_\_\_\_ Workers Compensation Certificate: Attached \_\_\_\_\_ on file \_\_\_\_\_

**The following information is required before a roofing permit can be issued:**

**Check one:** Place shingles over *one* existing layer of shingles ( ) Tear off old shingles and replace ( ) rubber roof ( ) metal roof ( )

Roof pitch: \_\_\_\_\_ Ice/water protection product being installed: \_\_\_\_\_ Type of roof vent: \_\_\_\_\_

List of materials: \_\_\_\_\_

Underlayment: \_\_\_\_\_

Roof edging: \_\_\_\_\_ Flashing material: \_\_\_\_\_

Estimated cost: \$ \_\_\_\_\_ Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am the Owner of Record of the named property, or that the proposed work is authorized by the Owner of Record and I have been authorized by the Owner to make this application as his/her authorized agent.

I agree to conform to the Pennsylvania Uniform Building Code, the applicable ordinances of this West Nottingham Township and all other applicable laws of both the United States of America and the Commonwealth of Pennsylvania.

If a permit is issued for the proposed work, I agree that the Building Code Official or his/her authorized representative, the Codes Enforcement Officer, Police and any other law enforcement agencies shall have the authority to enter the property at any time to enforce the building code, ordinances and all other applicable laws.

|  |           |                           |                                   |
|--|-----------|---------------------------|-----------------------------------|
| SIGNATURE OF APPLICANT                       | DATE      | ADDRESS                   | TEL OR CELL NO.                   |
| RESPONSIBLE PERSON IN CHARGE OF WORK & TITLE |           |                           | TEL OR CELL NO.                   |
| <b>For office use only</b>                   |           |                           |                                   |
| Payment Amount                               | Check No. | Check Date                | Account Name                      |
|  |           |                           | Charge to: Deposit or Fee Balance |
| Plan Review                                  | Date      | Permit Number: B__ - ____ | Fee \$                            |