

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.
For office use only			
Payment Amount	Check No.	Check Date	Account Name
			Charge to: Deposit or Fee Balance
Plan Review	Date	Permit Number: B__ - ____	Fee \$