

ROOFING REPLACEMENT

Permit required for more than 25% of roof replacement

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, PA 18944

Phone: 215-257-9156

www.EastRockhillTownship.org



Application Date: _____

Location: _____

Tax Parcel: 12- _____

Owner Name: _____

Contractor Name: _____

Street Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone No.: _____

Phone No.: _____

e-mail: _____

e-mail: _____

Owner **Signature:** _____

Contractor **Signature:** _____

By signing above, applicant certifies that all information given is correct and that all pertinent ordinances will be complied with in performing the work for which this permit is issued.

Estimated Cost \$ _____

Residential

Non-Residential

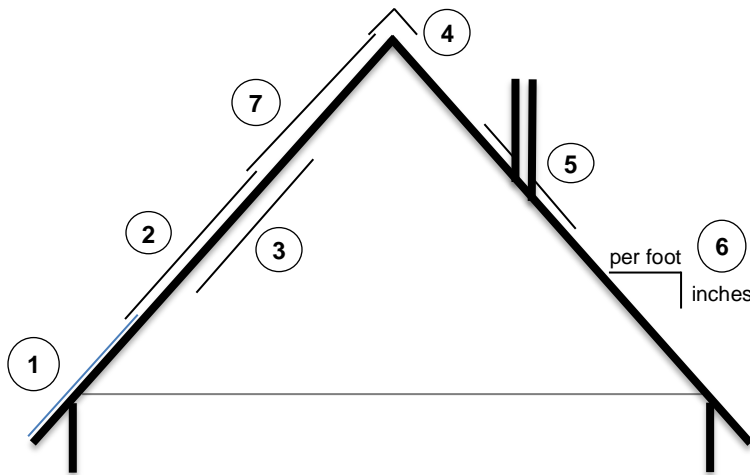
Type of Roof to be Installed (manufacturer's name, etc.): _____

Any portion of the roof decking being replaced? Yes* No

*what type and how thick? _____

Specify portion of roof to be repaired or replaced? _____

COMPLETE numbers 1 through 7 with the applicable information:



1. Ice & Water Shield: _____

2. _____ # lbs Felt Paper

3. Sheathing: _____

4. Ridge Vent: _____

5. Penetrations/Flashing Material: _____

6. Pitch: _____

7. Shingle Type: _____

(i.e. fiberglass, asphalt, metal)

Permit Issued and Approved by East Rockhill Township

PERMIT No. _____ Date Issued: _____

Building Code Official

Receipt: Building Fee: \$ _____ State Fee: \$ _____ Payment Details _____

INSPECTIONS REQUIRED:

1. Prior to installation of finish roofing to check rated assemblies
2. Final