

# EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944

Phone: 215-257-9156 • Email: [contact@EastRockhillTownship.org](mailto:contact@EastRockhillTownship.org) • Website: [EastRockhillTownship.org](http://EastRockhillTownship.org)



## ROOFING PERMIT APPLICATION

### SITE / CONTACT INFORMATION:

SITE ADDRESS Street and City: _____		Primary Contact (check one)
Bucks County Tax Map Parcel ID: _____ USE: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		
<b>Property Owner</b>	Name _____	<input type="checkbox"/>
	Address _____	
	Phone _____ Email _____	
<b>Applicant</b>	Name _____	<input type="checkbox"/>
	Address _____	
	Phone _____ Email _____	

### PROPOSED:

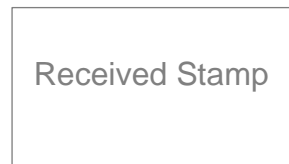
Manufacturer Name _____	Estimated Cost \$ _____
Roof Decking to be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type and how thick _____
Specify portion of roof to be replaced _____	
#1: Ice & Water Shield _____	
#2: Felt Paper _____ Lbs. _____	
#3: Sheathing _____	
#4: Ridge Vent _____	
#5: Penetration/Flashing Material _____	
#6: Pitch _____	
#7: Shingle Material Type _____	

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 that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

### TO BE COMPLETED BY EAST ROCKHILL TOWNSHIP

Permit Fee \$ \_\_\_\_\_ Received  Yes  No  
 PA UCC \$6.00 Fee Received  Yes  No  
 Payment Method  Credit Card  Check No. \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Contractor Certificate of Insurance  Yes  No Expires \_\_\_\_\_



\_\_\_ Via Mail  
 \_\_\_ In Person  
 \_\_\_ Drop Box

Building Code Official  <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____
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