

APPLICATION FOR RE-ROOFING PERMIT

Office Use Only:

Permit #: _____

Fee Submitted: \$ _____

Check #: _____

Cash: _____

Owner: _____

Address: _____

Contractor: _____

Limerick Township General Contractor #: _____

Address: _____

Signature of Applicant Date: _____

Location of Building:

Address: _____ Zoning Dist.: _____

Between: _____ and _____

Subdivision: _____ Lot: _____ B ___ U ___

Existing Use of Building:

Residential: Single Family Two or More Family Other (specify) _____

Non-Residential: List existing use(s) of building: _____

Cost of Re-Roofing: \$ _____

Other Information:

1. Is the existing roof ventilation adequate? Yes____ No____
If the existing roof ventilation is inadequate, how will the ventilation be improved? _____

2. Is the roof sheeting being replaced? Yes____ No____
If yes, explain: Type of material: _____ Thickness _____
Square foot of sheeting replaced _____
3. Felt: _____ lb.
4. Shingles: _____ year _____ class
5. Pitch of roof: _____
6. Is the existing roof covering being removed? Yes____ No____
If no, how many layers of covering are existing? _____
If yes, how will the old roof covering be disposed? _____
Note: Proof of disposal may be required.
7. How many square of roof covering? _____

NOTE: It is the applicant's responsibility to call the Code Office for the required inspections.

Pre-Close - prior to application of roof covering.

Final - when work is complete. Be prepared to supply dump tickets.

This permit is approved/denied on the express condition that the roof covering shall, in all respects, conform to the adopted BOCA Building Code.

This permit is not valid if construction work is not started within six months from date permit is issued.

Re-Roofing of existing commercial structures will require the submission of the technical data provided by the manufacturer of the roof covering supplier.

Permit is approved _____ denied _____

Code Enforcement Office Official
Limerick Township

Date