

Douglass Township Montgomery County
1320 E. Philadelphia Avenue
PO Box 297
Gilbertsville, Pa. 19525-0297

APPLICATION FOR RE-ROOF PERMIT

AN APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS ALL QUESTIONS ARE FULLY ANSWERED AND ALL SUPPORTING DOCUMENTS ARE INCLUDED WITH THIS DOCUMENT.

The re-roof permit application should include the following:

1. Permit application
2. Quote from Contractor (if applicable)

PERMIT FEE	
RESIDENTIAL:	\$104.50
COMMERCIAL:	\$254.50

OWNER NAME: _____
FIRST LAST

ADDRESS: _____
NO. STREET CITY STATE ZIP

WORK PHONE#: _____ HOME PHONE#: _____

EMAIL: _____

CONTRACTOR NAME: _____
FIRST LAST

ADDRESS: _____
NO. STREET CITY STATE ZIP

WORK PHONE#: _____ HOME PHONE#: _____

EMAIL: _____ PA CONTRACTOR #: _____

LOCATION OF BUILDING: _____

EXISTING USE OF BUILDING:

_____ SINGLE FAMILY DWELLING _____ TWO OR MORE FAMILY OTHER (SPECIFY): _____

_____ COMMERCIAL

(LIST EXISTING USE(S) OF BUILDING): _____

COST OF PROJECT: \$ _____

OTHER INFORMATION:

IS THE EXISTING ROOF VENTILATION ADEQUATE: _____ YES _____ NO

IF NO, HOW WILL VENTILATION BE IMPROVED: _____

IS THE ROOF SHEETING BEING REPLACED: _____ YES _____ NO

IF YES, TYPE OF MATERIAL: _____

THICKNESS: _____ SQ. FT. OF SHEETING REPLACED: _____

SHINGLES (TYPE): _____ YEAR: _____

PITCH OF ROOF: _____ HOW MANY SQUARE OF ROOF COVERING: _____

IS THE EXISTING ROOF COVERING BEING REMOVED: _____ YES _____ NO

IF NO, HOW MANY LAYERS OF COVERING CURRENTLY EXIST: _____

IF YES, HOW WILL THE OLD ROOF COVERING BE DISPOSED: _____

Note: It is the applicant's responsibility to call the building and zoning office to schedule an appointment for the required inspections.

INSPECTIONS REQUIRED:

PRE-CLOSE – PRIOR TO APPLICATION OF ROOF COVERING.

FINAL – WHEN WORK IS COMPLETE.

THIS PERMIT IS NOT VALID IF CONSTRUCTION WORK IS NOT STARTED WITHIN SIX (6) MONTHS FROM THE 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. Depending on the scope of the re-roofing of commercial structures, other permit applications and the submission of engineered plans may be required.

I (we) hereby apply for approval of this application for a re-roof permit. All information, documents or any other supporting data shall be considered part of this application. I (we) agree in submitting this application that all applicable provisions of Douglass Township and all other applicable laws, ordinances, and regulations shall be complied with. I (we) further certify that this application with all supporting data is true and correct to the best of my (our) knowledge and belief.

DATE: _____ SIGNATURE: _____ (LAND OWNER OR AGENT)

OFFICIAL USE – DO NOT WRITE BELOW THIS LINE

BLOCK#: _____ UNIT #: _____ LOT #: _____

FEE SUBMITTED: \$ _____ CHECK #: _____ CASH: \$ _____

COMMENTS / NOTES: _____

PERMIT NUMBER: _____

BUILDING CODE OFFICIAL: _____

PRINT

SIGNATURE: _____

DATE APPROVED: _____

OFFICIAL DOCUMENT