

WORCESTER TOWNSHIP P.O. BOX 767 WORCESTER, PA 19490-0767		PERMIT APPLICATION RE-ROOFING				
OFFICE USE ONLY						
PARCEL NO: 6700-		UNIT NO:				
BLOCK NO:		ZONING DIST:		DATE RECEIVED		
IMPORTANT- Applicant must complete all sections.						
I. LOCATION	AT LOCATION _____ NO: _____ STREET: _____					
	BETWEEN _____ AND _____					
	CROSS STREET CROSS STREET					
	SUBDIVISION _____ LOT _____ LOT SIZE _____					
2. IDENTIFICATION - (PRINT) Information for all parties required (if applicable)						
OWNER OR LESSEE		MAILING ADDRESS-NUMBER, STREET, CITY AND STATE		TELEPHONE		
APPLICANT:		MAILING ADDRESS-NUMBER, STREET, CITY AND STATE		TELEPHONE		
ROOFING CONTRACTOR:				CONTRACTORS LIC #		
CONTACT NAME:		MAILING ADDRESS-NUMBER, STREET, CITY AND STATE		TELEPHONE		
3. SPECIFICS						
COST:		RESIDENTIAL	NON-RESIDENTIAL	TOTAL SQUARES	START DATE	DAYS TO COMPLETE
4. TYPE OF STRUCTURE		7. PRESENT ROOFING MATERIAL Check all applicable		8. PROPOSED ROOFING MATERIAL		
<input type="checkbox"/> Principle building/house <input type="checkbox"/> Detached Garage/Barn <input type="checkbox"/> Horse/Livestock stable other <input type="checkbox"/> Shed or other accessory structure		<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Asphalt Sheets <input type="checkbox"/> Single Ply Membrane <input type="checkbox"/> Wood shake <input type="checkbox"/> Copper <input type="checkbox"/> Metal type alloy? _____ <input type="checkbox"/> Clay, tile terracotta <input type="checkbox"/> Slate <input type="checkbox"/> Cement <input type="checkbox"/> Sprayed polyurethane Foam <input type="checkbox"/> Liquid Applied Coatings <input type="checkbox"/> Mineral-surfaced roll roofing <input type="checkbox"/> Asbestos-Cement Tile <input type="checkbox"/> Other, _____		<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Asphalt Sheets <input type="checkbox"/> Single Ply Membrane <input type="checkbox"/> Wood shake <input type="checkbox"/> Copper <input type="checkbox"/> Metal type alloy? _____ <input type="checkbox"/> Clay, tile terra-cotta <input type="checkbox"/> Slate <input type="checkbox"/> Cement <input type="checkbox"/> Sprayed polyurethane Foam <input type="checkbox"/> Liquid Applied Coatings <input type="checkbox"/> Mineral-surfaced roll roofing <input type="checkbox"/> Asbestos-Cement Tile <input type="checkbox"/> Other, _____		
5. ROOF CONDITIONS						
<input type="checkbox"/> Flat Roof <input type="checkbox"/> Pitched roof ____/12						
6. PROPOSED WORK Check all applicable						
<input type="checkbox"/> Cover over existing roof <input type="checkbox"/> Tear off and replace with new <input type="checkbox"/> Tear off, replace decking install new <input type="checkbox"/> Reinstallation of existing materials						
9. VERIFICATION OF APPLICATION- Must be completed.						
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 authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Worcester Township and 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 APPLICANT		ADDRESS		APPLICATION DATE		
PRINT NAME OF APPLICANT						
RESPONSIBLE PERSON IN CHARGE OF WORK				PHONE NUMBER		

