UPPER PROVIDENCE TOWNSHIP DEPARTMENT OF LICENSES AND INSPECTIONS ROOFING PERMIT APPLICATION

ALL WORK SHALL C	ONFORM TO THE INT	ERNATIONAL BUILDI	NG CODE AS APPLICABLE TO THE UCC	
Street Address (J	ob)		Date	
Property Owner N	Name		Telephone #	
Contractor Name			Telephone #	
	ment Contractor reg tor's Certificate of I		d with each application.	
Please select one	of the following:			
Residential	Comm	ercial	Emergency job? Yes/ No	
New	Repair	Replace		
minimum) for Res	sidential projects;	\$50.00 per \$1000.0	oer \$1000.00 of cost (\$100.00 00 of cost (\$200.00 minimum)	
No dumpster	rs are to be placed on	the roadway or within	the Townships right-of-way	
No overlay o	f wooden shingles and	l/or shakes		
** You will be	contacted wher	n your permit is	ready.	
I hereby certify that t	he statements contain	ed herein are true to tl	he best of my knowledge and belief	
Applicant signature_			e ach copy of invoice/contract/work order	
		OFFICE USE ONLY		
Application Date	Fee Paid	Check #	Rec'd by:	
Permit #	Date issued:	Rec'd from:		