

**UPPER PROVIDENCE TOWNSHIP
DEPARTMENT OF LICENSES AND INSPECTIONS
ROOFING PERMIT APPLICATION**

ALL WORK SHALL CONFORM TO THE INTERNATIONAL BUILDING CODE AS APPLICABLE TO THE UCC

Street Address (Job) _____ Date _____

Property Owner Name _____ Telephone # _____

Contractor Name _____ Telephone # _____

PA Home Improvement Contractor registration # _____

Contractor's Certificate of Insurance is required with each application.

Please select one of the following:

Residential _____ Commercial _____ **Emergency job? Yes/ No**

New _____ Repair _____ Replace _____

Cost of Project : \$ _____ @ \$25.00 per \$1000.00 of cost (\$100.00 minimum) for Residential projects; \$50.00 per \$1000.00 of cost (\$200.00 minimum) for Commercial projects + \$4.00 (State Training Fee) = _____

- **No dumpsters are to be placed on the roadway or within the Townships right-of-way**
- **No overlay of wooden shingles and/or shakes**
- **Call for final inspection – 610-565-4944**

**** Permits may be emailed or picked up in person at the Township Building. Please select below:**

I will pick up _____ Please email to _____

I hereby certify that the statements contained herein are true to the best of my knowledge and belief

Applicant signature _____ **COST OF JOB*** _____

* Attach copy of invoice/contract/work order

OFFICE USE ONLY

Application Date _____ Fee Paid _____ Check # _____ Rec'd by: _____

Permit # _____ Date issued: _____