

Pre-Application Checklist: Copy of Contract Insurance Certificates

Upper Providence Roofing Permit Application

935 N Providence Road Media, PA 19063

610-565-4944

Site Address _____ City _____

Type _____ Property Owner _____

Primary Contact _____ Phone _____ Email _____

Contractor _____ Address _____

Primary Contact _____ Phone _____ Email _____

Will the existing roof coverings be removed? _____

If, existing coverings are to remain please check this box to confirm that there are less than 2, they are in good condition, and do not consist of slate, clay, or cement tiles _____

What type of roof covering will be used? _____

If new decking is installed what type will be used? _____ Size _____ Roof Slope _____ :12

Double underlayment required for 4:12 or less _____

Please check this box to indicate that an ice barrier will be provided from the eave/rake edge to a point 2' inside the exterior wall line, and pictures will be taken during the installation _____

Roof Ventilation Style _____

Roof ventilation must be provided at a 1 to 150 ratio of vent to vented space _____

Description of work:

Cost of Job _____

Applicant Signature _____ Date _____

I acknowledge that this permit is for UCC compliance only. Any inspections or approvals do not cover warranty or contract items or issues.

Municipal/Zoning Approval _____ Date _____

Municipal Comments:

Permit Fee _____ +4.50 Total Fee _____

3rd Party Signature _____ Date _____

All inspection requests or code questions should be directed to Linn Architects at permits@rlinn.com or 610-566-7044 option 2.

Check # _____ Received By _____ Date _____