

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 \_\_\_\_\_

3<sup>rd</sup> Party Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Check # \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_