



**EASTTOWN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

**566 Beaumont Road
Devon, PA 19333
610-687-3000
610-687-9666 (Fax)**

**APPLICATION FOR
RE-ROOFING PERMIT**

PART A – INSTRUCTIONS

- Review Chapter 160 Construction Codes, Uniform of the Code of the Township of Easttown, available online at www.easttown.org, for purchase at the Township Building or review at the Township Building. All construction is required to meet applicable provisions of this Chapter
- Review the 2009 International Residential Building Code, 2008 National Electrical Code, and Act 45 of 1999 of the State of Pennsylvania and all amendments. Collectively known as “Codes.” All construction is required to meet applicable provisions of these Codes.
- Submit a copy of the Homeowners Association (HOA) approval letter, if the property is governed by an HOA.
- Submit two (2) copies of construction drawings, demolition plans, scope of work, materials and specifications, and other supporting required documentation as required by Chapter 160 and the Codes.
- Submit a copy of Certificate of Insurance showing Easttown Township as the insured.
- Submit a copy of Worker’s Compensation Insurance showing Easttown Township as the insured or submit a completely filled out Worker’s Compensation Insurance Affidavit attached to this Application.
- Submit a copy of each Contractor’s Pennsylvania Home Improvement License.
- If the Applicant is not the Property Owner, then submit a completely filled out Agent’s Affidavit attached to this Application.
- Submit the following Fee payable to Easttown Township, as applicable:
 - Single-family Dwelling Building Permit: \$55.00 plus 2% of construction cost. The maximum cost is \$9,400.00.
 - Multi-family Building Permit: \$105.00 plus 2% of construction cost.
 - Non-residential Building Permit: \$105.00 plus 2% of construction cost.
 - Construction cost is defined as all material and labor costs for the project. The Township has the final determination in accepting the submitted construction cost as provided on the permit application and may at its discretion require evidence to support said proposed cost. In the event that an Application for a Building Permit should, in the opinion of the Building Code Official, require review by Township Consultants, the Applicant shall bear such cost as are incurred by the Township in connection with such review.

PART B – PROPERTY INFORMATION

Street Address of Property for which Re-roofing Permit is being sought (if P.O. Box, include street address also):

City, State, and Zip Code:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

PART C – PROPERTY OWNER INFORMATION (person or entity responsible for all costs)

Property Owner Name (person or entity that will own the Improved Property upon completion of work):

Property Owner Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Telephone Number:

Fax Number:

Email Address:

PART D – EXISTING PROPERTY USE

What is the current use of the Property:

PART E – CONTRACTOR INFORMATION (person or entity responsible for the completion of work, if different than the Property Owner.)

Contractor Name:

Contractor Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Telephone Number:

Email Address:

Fax Number:

PART F – ESTIMATED COST

Cost of Project:

PART G – SPECIFICATIONS

Roof Slope(s):

Ventilation:

Roof Coverings: Asphalt Shingles Standing Seam Metal Wood Shakes Clay/Concrete Tiles
 Slate Shingles Built-up Roofing Modified Bituminous Roofing
 Other: _____

Existing Sheathing Type and Size:

*Note: If replacing roof sheathing, then please indicate thickness and type of sheathing with the spacing of roof rafters:

Roofing Paper Thickness:

Flashing Type and Thickness:

PART H – SHINGLE COVERAGE

Number of layers to be covered:

*Note: If re-roofing over existing shingles, then the surface must be smooth, clean, and flat and no more than two (2) layers of shingles or other material shall be permitted to be covered.

PART I – SHINGLE REMOVAL

Number of layers to be removed:

PART J – CERTIFICATION

- I am the Property Owner, or
- I am an officer or official of the Property Owner, or
- I have the authority to make this application (attach delegation of signatory authority),

acknowledge that the information provided in this Application, including any plans and specifications, is true and correct to the best of my knowledge and belief.

Name (type or print legibly)	Official Title
Street Address	City, State, Zip
Phone Number	E-Mail Address
Signature	Date

PART K – TOWNSHIP ACTION (to be completed by Township)

Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Permit #:	Building Code Official Signature:	Date:
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Township Official's Comments:

WORKER'S COMPENSATION INSURANCE AFFIDAVIT

Commonwealth of Pennsylvania
County of _____

BEFORE ME, _____, A NOTARY PUBLIC, THE UNDERSIGNED OFFICER,
THIS DAY PERSONALLY APPEARED:

(Name and Address)

TO ME KNOWN (OR SATISFACTORILY PROVEN), WHO BEING DULY SWORN ACCORDING TO LAW, DEPOSES
AND SAYS: (statement starts here)

Workers' Compensation Insurance Coverage Information (attach to Building Permit Application)

A. Applicant Name: _____

Tax Identification or Social Security Number: _____

B. The Applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law:

YES (complete Section C below) NO (complete Section D below)

C. Insurance Information: APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKER'S COMPENSATION

Certificate of Insurance is attached

Name of Worker's Compensation Insurer: _____

Worker's Compensation Insurance Policy Number: _____

Policy Expiration Date: _____

The undersigned deposes and says that the information set forth above is true and correct to the best of the knowledge information and believe of the undersigned and that such is given subject to the penalties of 1B Penn. C.S., Section 4904, relating to unsworn falsification to the authorities. *See Notary information below.

Applicant Signature

D. Exemption: COMPLETE THIS SECTION IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE:

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation insurance for one of the following reasons:

Contractor with no employees. Contractor is prohibited by law from employing individuals to perform work pursuant to this Building Permit unless contractor provides proof of insurance as required by Section C above.

Religious exemption under the Pennsylvania Worker's Compensation Law.

Applicant Signature

Applicant Address

NOTARY INFORMATION:

Subscribed and sworn before me

This _____ day of _____, 20____. Notary Signature: _____

(SEAL)

AGENTS AFFIDAVIT

Date: _____

Property Information:

Street Address of Property for which Building Permit is being sought (if P.O. Box, include street address also):

Tax Map ID #:

Property Owner Information:

Property Owner Name (person/entity that will own the Improved Property upon completion of work):

Property Owner Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Property Owner Signature:

Contractor Information:

Contractor Name:

Contractor Street Address, City, State, and Zip Code (if P.O. Box, include street address also):

Contractor Signature:

This document shall verify that, the above-referenced individual(s) is/are the Property Owners of the Property indicated within the Project Information Section and have identified the referenced Contractor/Design Professional to serve as their duly authorized Agent for the submission of this Building Permit.

It is understood that, by signing this document all parties understand that all statements are true and correct and false statements made within this Affidavit may subject individuals to penalties under the laws of the Commonwealth of Pennsylvania.