



PERMIT # \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

# RE-ROOFING PERMIT APPLICATION

Easttown Township  
566 Beaumont Road  
Devon, PA 19333  
Phone 610-687-3000  
Fax 610-687-9666

[easttown@easttown.org](mailto:easttown@easttown.org)  
[www.easttown.org](http://www.easttown.org)

## PART I – INSTRUCTIONS

### BEFORE COMPLETING THIS APPLICATION:

- Review Chapter 160 **Construction Codes, Uniform** of the Township of Easttown Code, available online at [www.easttown.org](http://www.easttown.org), for purchase, 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.*

### COMPLETING THIS APPLICATION:

- The following **MUST** be completed:
  - ✓ All Subcontractor information
  - ✓ Part XI must be completed if Applicant is not the Property Owner
  - ✓ A fully-executed Worker’s Compensation Insurance Affidavit (if any Contractor is exempt)
- The following **MUST** accompany the application:
  - ✓ Application fee
  - ✓ A valid copy of each Contractor’s Certificate of Insurance naming Easttown Township as the Certificate Holder, listing coverage for (i) Liability and (ii) Workers’ Compensation
  - ✓ A valid copy of each Contractor’s Pennsylvania Home Improvement License OR Township Registration card
  - ✓ 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)
  - ✓ If applicable, a copy of the Homeowners Association (HOA) approval letter

**Please note: additional project-specific documentation may be required. Visit <https://www.easttown.org/279/Permits> for more information.**

### UPON APPROVAL:

- A payment request for the Permit Fee (based on construction costs) will be sent to the Applicant from [noreply@traisr.com](mailto:noreply@traisr.com).
- Upon receipt of payment, the approved permit and plans will be released.

*For a full list of permit fees, please refer to the current Fee Schedule.*

## TOWNSHIP USE ONLY

### Application Fee:

- \$75 – Residential
- \$105 – Multi-Family/Non-Residential

PAID on \_\_\_\_/\_\_\_\_/\_\_\_\_ via

- Check # \_\_\_\_\_
- Credit Card

### Application Status:

- APPROVED
- DISAPPROVED

Permit Fee: \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Date: \_\_\_\_\_

**PART II – PROPERTY INFORMATION**

UPI No.:	Street address for which permit is being sought:		
Subdivision Name (if applicable):	Lot No. (if applicable):	Check all that apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Class I Historic Resource <input type="checkbox"/> Private (individual, corporation, etc.) <input type="checkbox"/> Public (federal, state, local gov't.)	
Zoning District (check all that apply): <input type="checkbox"/> AA <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5 <input type="checkbox"/> PBO <input type="checkbox"/> VB <input type="checkbox"/> VT <input type="checkbox"/> VR			

**PART III – PROPERTY OWNER INFORMATION**

Property Owner (Name or Entity that will own the improved Property upon completion of work):	
Property Owner Street Address (if different than Property Information):	
City, State, and Zip Code:	
Phone Number:	Fax Number:
Email Address:	

**PART IV – PROJECT DETAILS**

Cost:	Current Use of Property:
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**PART V – CONTRACTOR INFORMATION** (person or entity responsible for the completion of work)

Contractor Name:	HIC License No./Expiration:
Contractor Street Address, City, State, and Zip Code (if PO Box, include street address also):	
Telephone Number:	Email Address:

**PART VI – SPECIFICATIONS**

Slope(s):	Ventilation	
Roof Coverings: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Standing Seam Metal <input type="checkbox"/> Wood Shakes <input type="checkbox"/> Clay/Concrete Tiles <input type="checkbox"/> Slate Shingles <input type="checkbox"/> Built-up Roofing <input type="checkbox"/> Modified Bituminous Roofing <input type="checkbox"/> Other:		
Existing Sheathing Type and Size:	Replacement Sheathing Thickness/Type:	Roof Rafters Spacing:
Roofing Paper Thickness:	Flashing Type and Thickness:	
Number of Layers to be Covered*:	Number of Layers to be Removed:	

*\*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 VII – CERTIFICATION**

I am the Property Owner    I am an Officer or Official of the Property Owner    I am the Contractor

I acknowledge that that the information set forth in this Application, including any attached plans and specifications, is true and correct to the best of my knowledge, information and belief, and false statements made therein are subject to the penalties of 18 Penn. C.S., §4904, relating to unsworn falsification to the authorities.

\_\_\_\_\_  
Name (type or print legibly)

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART VIII – AGENT'S AFFIDAVIT**

I, \_\_\_\_\_, verify that I am the owner of the property listed in Part III, and have identified the Contractor listed in Part V to serve as my duly-authorized Agent for the purposes contained herein. I hereby declare that the above-made statements are true and correct to the best of my knowledge, information and belief, and false statements made within this Affidavit may subject individuals to penalties of 18 Penn. C.S., §4904, relating to unsworn falsification to the authorities.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

**WORKERS' COMPENSATION AFFIDAVIT**

*(To be completed when Contractor is claiming exemption from providing Workers' Compensation Insurance)*

**\*\*AFFIDAVIT VALID FOR ONE YEAR FROM DATE OF EXECUTION.\*\***

COMMONWEALTH OF PENNSYLVANIA :  
 :  
 : SS  
COUNTY OF :

Before me, the undersigned notary public, this day, personally appeared

\_\_\_\_\_ of \_\_\_\_\_

to me known (or satisfactorily proven), who being duly sworn according to law, deposes that he/she is not required to provide workers' compensation insurance for one of the following reason(s):

- Contractor with no employees. Contractor is prohibited by law from employing individuals to perform any work pursuant to this building permit unless contractor provides proof of insurance, as required.
- Religious exemption under workers' compensation law.

\_\_\_\_\_  
Affiant Signature

Sworn to and subscribed before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public