

ARCHBALD BOROUGH

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ROOFING PERMIT APPLICATION

OFFICIAL USE:

Received ____/____/____ Permit # _____

Approved: ____ Denied: ____ N/A: ____ Date: ____/____/____

Reviewed by: ____ Fee: _____

Application is NOT complete if information is missing. Please provide ALL information.

1. Address of Project: _____

Pin Number: _____

2. Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

3. Name of Contractor: _____

Address: _____

Phone: _____ Email: _____

4. Cost of Improvement: \$ _____

5. Construction activities may require a Building Permit in accordance with the PA Uniform Construction Code. Is a Building Permit required? YES: ____ NO: ____

6. This Permit allows for the removal and replacement of roofing material, drip edge, water and ice shield, MINOR repair or replacement of sheathing, and ridge vent material. Any work on rafts, trusses or complete sheathing replacement requires submission of a UCC building permit application.

Scope of Roofing Work: _____

The undersigned Applicant hereby applies for a Roofing Permit to be issued on the basis of the information contained within this application and the attached supporting documents. The Application hereby certifies that all information and attachments are true and correct. The Applicant is responsible for the permit fees.

Applicant

Signature: _____ Print Name: _____ Date: _____