

Please include the following along with application

____Contract

____Workers Comp & Cert Liability



Application for Roofing Permit

Permit Questions: 610-566-7044 Option 2 or permits@rlinn.com

Municipality			
Address		City	
Unit #		Type	
Owner		Phone	
Primary Contact		Email	
Contractor		Phone	
Primary Contact		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			
If new decking is installed what type will be used		Size	
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 Slope	:12	Double underlayment required for 4:12 or less	
Roof Covering Material			
Please check this box to indicate that flashing will be installed at wall and roof intersections, wherever there is a change in roof slope or direction and around roof openings. A flashing shall be installed to divert the water away from where the eave of a sloped roof intersects a vertical sidewall and pictures will be taken of this 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		Square Footage of Work Area	

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.		Total Fee	+4.50=

Municipal/3rd Party Approvals _____

Zoning Approval _____