



1 E First Ave., Ste 3
Malvern, PA 19355

Re-Roofing Permit Application

Date: _____ Permit No.: _____ Fee: _____
(paid with application)

Property and Owner Information

Property Location: _____ UPI: _____ Zoning: _____
Owner: _____ Phone: _____
Owner Address: _____
Applicant: (if different) _____ Phone: _____
Applicant Address: _____
Current Use of Property: Residential: ___ Commercial: ___

Contractor Information

Contractor: _____ Phone: _____
Address: _____ Reg.#: _____

Roof Specifications

Current Covering: _____ No. of Layers: _____ Roof Slope: _____

Replacement Covering: Additional Information:
 Asphalt Shingles If Insulation is to be replaced on flat roof, state thickness of
 Clay / Concrete Tiles Insulation to be used (5" minimum): _____
 Modified Bituminous
 Standing Seam Metal If sheathing is to be replaced, state thickness of sheathing to be
 Slate Shingles used and rafter spacing: _____
 Wood Shake
 Built-up Roofing Fire-retardant sheathing required: _____

Roofing paper thickness to be used: _____ Flashing: (type and thickness) _____

Ice and Water Shield shall be provided, a minimum of 24" in from the exterior wall line, at all eaves.

Indicate the number of existing layers of shingles to be covered / removed: _____. If re-roofing over existing shingles the surface must be smooth, clean and flat. Note: only two layers of shingles or other material is permitted.

Cost of Project (required): \$ _____

Fees – Residential - \$100.00 per dwelling unit, Commercial - \$100.00 per 1,000 sf

I hereby certify that the information submitted with this application is true to the best of my knowledge: _____ Date: _____

Application Approved: Yes: ___ No: ___ If No, Plan Review Notes Provided: _____
Building Inspector: _____ Date: _____

Final Inspection: _____ Date: _____