

# BUILDING PERMIT APPLICATION

# ADDITIONS, ALTERATIONS, REPAIRS, FENCES, SOLAR, AND ACCESSORY STRUCTURES AND DEMOLITIONS

Fee \$		Date	20
	copy of signed contract must accompa	ny the application	n
The following specification submitted for review.	on for building renovations, with descrip	ption and accomp	panying plan, need to be
Residential	Commercial 🗌 (Stamped Profes	sional Design Pla	ans Required)
Location			
	Address		
Applicant Name	Address		
Applicant Email			Phone
Contractor	Address		
Email			Phone
Trade License No			
Dumpster in street?	Dumpster on Property?	Estimat	ted Cost \$
Scope of Work			

This document shall verify that the above-referenced individual(s) is/are the Property Owners of the Property and have identified the Contractor to serve as their duly authorized Agent for the submission of this Permit.

Homeowner signature \_\_\_\_\_ Contractor signature \_\_\_\_\_

## ALL INSPECTIONS ARE PERFORMED WITHIN 48 HOURS OF SCHEDULING

Applicant must draw a sketch of the house and any accessory structures on the lot, existing or to be erected, and indicate the dimensions between each structure and to each property line.

# **REAR PROPERTY LINE**

## FRONT PROPERTY LINE

Corner Property? Yes  $\Box$  No  $\Box$ 

Notwithstanding the issuance of this permit or approval of plans, it is understood and agreed that all provisions of the building and zoning codes will be compiled with, whether specified herein or not.

APPLICANT'S SIGNATURE

# **Haverford Township**

# **ROOF PERMIT APPLICATION ADDENDUM**

PERMIT NO.

This information is being provided to inform you of Haverford Township's policy regarding roofing and re-roofing. This questionnaire must be filled out for all roofing permit applications to provide us with a complete description of the existing and proposed roofing materials.

#### **RE-ROOFING**

In compliance with the Township's building code, a maximum of two layers of shingles are permitted to be installed on a roof. In the case of an existing wood shingle roof with one or more roofs above, all roof layers must be removed and new sheathing applied. Removal of one or more of the roofs, and the installation of new shingles over the existing wood shingle roof, is not permitted. If the initial roof is a wood shingle roof that has never been re-roofed, a second roof may be installed. Additionally, a new roof may not be installed over any of the following roof systems: wood shake, slate, clay, and cement or asbestos-cement tile.

Roof sheathing must be a minimum  $\frac{1}{2}$ " sheathing when installed over rafters 16" O.C. All rafters on 24" centers require a minimum of 5/8" roof sheathing with "H" clips.

Please answer the following questions relating to the proposed roof permit application.

#### PLEASE INDICATE:

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

1. Specify the number of roofing layers that currently exist on the roof.

(Specify wood, shingles, number of ply's) \_\_\_\_\_

2. Specify the number of layers of existing roofing to be removed \_\_\_\_\_

A. If the existing roof covering is to remain, is the roof covering dimensional shingle? \_\_\_\_

If so, do you agree to provide the property owner with a letter from the Township describing the potential problems with roofing over a dimensional shingle?

3. If a new roof is to be installed over an existing wood shingle roof (that has never been re-roofed), is it an acceptable nailing base?

4. Specify type of roof to be installed (manufacturer's name, etc.)

5. Is any portion of the roof decking being replaced? \_\_\_\_\_

If so, what type of decking and how thick? (Minimum ½") \_\_\_\_\_\_ What is the spacing of the roof rafters? \_\_\_\_\_\_

6. What is the approximate slope of the roof? \_\_\_\_\_\_units vertical in 12 units horizontal. If the slope is less than 4:12, what type of low slope application are you installing?

Does this application comply with the manufacturer's specifications?

7. How many squares will be installed? \_\_\_\_\_

8. Specify portion of roof to be repaired or replaced?

9. Specify type of flashing and method of installation?

10. Is the space below the roof covering vented?

11. If not, which type of venting will be installed comply with the venting requirements below?

A. one square foot of vent provided for every (150) square feet of attic floor area?

B. one square foot of ve	nt provided for every	y (300) square feet o	of attic floor area?
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**PLEASE NOTE!** In order to utilize option (B), at least 50% of the venting must be provided in the upper 1/3 of the roof with the other 50% located in the cornice or eave.

12. Is there (or will there be) adequate venting to comply with the above code requirements?

13. Are skylights being installed or replaced?
If so, is the proper flashing being used? (i.e., a low slope roof under 4:12 slope requires
special flashing around a skylight?
14. Will an ice shield be installed a minimum of 24" inside the exterior wall line of the building?
16. Will any flammable or toxic material be used in the roofing process? Yes No
17. Will a torch down roofing method be used? Yes No
If so, a fire extinguisher must be present on the roof and no flammable produce (i.e.,
propane tanks) may be left unattended on the roof. Do you agree to comply with these requirements?
Yes No
Propane tanks must be removed from the roof at the end of each working day.
18. Will sub contractors be used on the job? Yes No
Name of Sub-Contractor:
Sub contractor(s) must be licensed with Haverford Township OR registered as a Home Improvement Contractor
(HIC) with the state.
License #: HIC Registration #:
Sub-contractors found working without either will be reported to the Attorney General's Office.
19. Is the property located within a Historic District or on the Historic Resource Inventory list?
Yes No

# All Permits Must Be Obtained Prior To the Start of Work and Must Be Posted In

Α

## **Conspicuous Place Where It Can Be Seen From A Public Way.**

After A Building Permits Is Issued, A Six (6) Square Foot Maximum Contractor's Sign May Be Displayed While Active Work Is Being Performed. This Sign Must Be Promptly Removed When The Work Is Completed. Signs Cannot Be Placed Within the Right-Of-Way of Any Street.

My signature below certifies that the information above is accurate to the best of my knowledge and that I will comply with the roofing provisions in the International Residential Code. This signature also certifies that if the existing roof is to be removed, I will replace all decayed sheathing that may exist. SIGNATURE

APPLICANT SIGNATURE DATE \_\_\_\_\_\_ 
PA State HIC#