



MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING
 1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
 Telephone: 215-393-6920 · Fax: 215-855-1498
 www.montgomerytwp.org

App. Date ____/____/____	ROOFING PERMIT	Is Owner Applicant? Yes No
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Permit # _____ Bk/Unit # _____ Fee \$ _____ Ck # _____ Date _____

PROPERTY INFORMATION

Number	Street Name
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OWNER INFORMATION

First Name	Last Name or Business Name	Daytime Phone #
Number	Street Name	City/Zip

PROPOSED WORK

<input type="checkbox"/> Roofing (2 nd Layer) if more than 25%	# of Squares (100 sqf)
<input type="checkbox"/> Reroofing (remove/replace) if more than 25% – ice shield required per manufacturer	
Provide Copy of Signed Contract with Scope of Work to be Performed	
Ice Shield required per manufacturer’s recommendation	
Construction Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	CONTRACT VALUE FOR GENERAL CONTRACTOR \$ _____

CONTRACTOR INFORMATION

(Commercial Contractors MUST Fully Register)

NAME	ADDRESS	DAYTIME PHONE #	CONTRACT COST \$
HIC CONTRACTORS - COPY OF INSURANCE DECLARATION SHEET REQUIRED SHOWING WORKMAN COMPENSATION COVERAGE			

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on Montgomery Township; and certify that all the above information is accurate. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Township. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order.

Owner/Auth. Agent Signature:	Date
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FOR OFFICE USE ONLY:

TYPE	NUMBER	PERMIT FEE			
ROOF					\$
PA STATE ACT 13		\$ 4.50		TOTAL FEE	

BUILDING INSPECTOR

DATE

ROOFING PERMIT