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

ROOFING PERMIT

Is Owner Applicant? Yes No

Permit #_____ **Fee $**_____ **Check #** _____

PROPERTY INFORMATION

Number	Street Name

OWNER INFORMATION

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

PROPOSED WORK

☐ **Roofing (2nd Layer)** if more than **25%** ☐ **Reroofing (remove/replace)** if more than **25% – ice shield required per manufacturer**	**# of Squares (100 sf)**
Provide Copy of Signed Contract with Scope of Work to be Performed	
Ice Shield required per manufacturer's recommendation	
Construction Type: ☐ **Commercial** ☐ **Residential**	**CONTRACT VALUE $**

CONTRACTOR INFORMATION
(Contractors Must Fully Register)

NAME	ADDRESS	DAYTIME PHONE #
CONTRACTOR EMAIL ADDRESS:		

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/Authorized Agent Signature: **Date:**

PERMIT TO BE PICKED UP OR MAILED TO APPLICANT? **Picked Up** ☐ **Mailed** ☐

_____ _____
BUILDING INSPECTOR DATE