

Pocopson Township
740 Denton Hollow Road
Pocopson, PA 19366
Phone (610) 793-2151, Fax (610) 793-1944
www.pocopson.org

Re-Roofing Application

Property and Owner Information

Location of Property: _____
Chester County Tax Map Parcel Number: _____
Current Use of the Property: _____

Property Owner: _____
Address: _____
Phone Number: _____

Applicant (if different): _____
Address: _____
Phone Number: _____
(If the applicant is not the land owner an Agent's Affidavit is required.)

Contractor: _____
Address: _____
Phone Number: _____
(Provide Insurance Certificate with Application)

Specifications

Roof Slope(s): _____ Ventilation: _____

Roof Coverings: Asphalt Shingles Standing Seam Metal Wood Shakes
 Clay/Concrete Tiles Slate Shingles Built-up Roofing
 Modified Bituminous Roofing

Existing Sheathing (Type and Size): _____
If replacing roof sheathing please indicate thickness and type of sheathing with spacing of roof rafters:

Roofing Paper (Thickness): _____ Flashings (Type and Thickness): _____

Indicate the number of existing layers of shingles to be covered and/or removed. If re-roofing over existing shingles the surface must be smooth, clean and flat. (Please note that, only two layers of shingles or other material shall be permitted.):

I hereby certify that all of the information submitted with this application is true to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Application Approved Application Denied Date: _____

Building Inspector _____