



P.O. Box 1, Pocopson PA 19366
Office: 610.793.2151 Fax: 610.793.1944
www.pocopson.org

RE-ROOFING PERMIT APPLICATION

A non-refundable fee of \$25.00 must be included when the re-roofing permit application is submitted. This charge is subtracted from the final permit fee that is due when the permit is picked up.

PROPERTY AND OWNER INFORMATION:

Location of Property: _____

Chester County Tax Parcel Number: 63 - _____ - _____

Name of Property Owner(s): _____

Address of Record: _____

Phone: _____ Email: _____

If the Applicant is NOT the property owner an Agent's Affidavit is required.

Name of Applicant (if different from above): _____

Address of Applicant: _____

Phone: _____ Email: _____

ZONING CLASSIFICATION:

- | | |
|--|--|
| <input type="checkbox"/> RA - Residential and Agricultural Zoning District | <input type="checkbox"/> MHP - Mobile Home Park |
| <input type="checkbox"/> C1 - Neighborhood Commercial | <input type="checkbox"/> LI - Limited Industrial |

Current Use of the Property: _____

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 & Size): _____



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

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Application Approved Application Denied

Date: _____ Permit #: _____

Building Inspector Signature: _____