



Borough of Narberth

PERMIT APPLICATION

Roofing - Residential

FOR BOROUGH USE ONLY

Application #:

Parcel ID: **12-00-** **00**

PROPERTY INFORMATION

Owner Name: _____ Today's Date: _____

Address: _____, Narberth, PA 19072

Owner Address: _____

Owner Phone #: _____ Owner Email: _____

PROJECT INFORMATION

Contractor Name: _____

Contractor Address: _____

Contractor Phone #: _____ Contractor Email: _____

Project Description: _____

Date work will begin: _____

Home Improvement Contractor
Registration No.: _____

Other Requirements:
 Signed Roof Permit Application Addendum
 Proof of insurance

Estimated Cost of Project

\$, .00

x **3 0** Multiplier

, Subtotal

+ **5 0** Min. Fee

\$, **Fee Due**

Check #: _____

Received on: _____

Received by: _____

OTHER INFORMATION

All permits must be obtained prior to the start of work and must be posted in a conspicuous spot on the front of the building.

Please refer to Page 2 for Roof Permit Application Addendum

Borough of Narberth - 100 Conway Avenue, Narberth PA 19072

ROOF PERMIT APPLICATION ADDENDUM

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Application #:

RE-ROOFING SPECIFICATIONS

- Maximum of two asphalt, fiberglass or low slope roofing systems are permitted
- Wood shingle roof will serve as the roof deck providing the shingles are in good condition
- New roof may not be installed over any of the following systems:
slate, wood shake, asbestos, or clay tile
- Roof sheathing must be a minimum of 1/2" sheathing when installed over rafters 16" O.C.
- All rafters more than 16: apart requires a minimum of 5/8" roofing sheathing with "H" clasps

ROOFING AFFIDAVIT

Property Address: _____

1. Specify the number of existing roofing layers, including wood, shingles, number of plies: _____

2. Specify number of layers of existing roof to be removed: _____

3. If the initial roof is wood shingle, is it an acceptable base for additional roofing? ___ YES ___ NO

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

5. Approximate pitch of roof: _____ 6. Number of squares to be installed: _____

7. Specify portion of roof to be repaired or replaced: _____

8. Specify type of flashing and method of installation: _____

9. Additional venting needed? ___ YES ___ NO What will be installed? _____

10. Are skylights being installed or replaced? ___ YES ___ NO

If YES, proper flashing will be installed _____ (initial)

CONTRACTOR CERTIFICATION

My signature below certifies that the information above is accurate to the best of my knowledge. This signature also certifies that, if the existing roof is to be removed, all decayed sheathing that may exist will be replaced.

Name (Print)

Signature

Date