ZONING APPLICATION
ROOF, WINDOWS, DOORS, SIDING PERMIT
Borough of Oxford

PO Box 380, 1 Octoraro Alley,Oxford, Pennsylvania 19363
Phone: 610-932-2500 Email: codesadmin@oxfordboro.org Fax: 610-932-8119

2026

PROPERTY INFORMATION:

ADDRESS: _____ **ZONING DISTRICT**:_____

****IF LOCATED IN THE HISTORIC DISTRICT, A HARB REVIEW & RECOMMENDATION MUST BE RECEIVED BEFORE THE SIGN PERMIT CAN BE APPROVED/ISSUED****

Within the HARB District?: Y N **Date of HARB meeting:** _____

OWNER INFORMATION

NAME: _____ PHONE #:_____

ADDRESS:_____

EMAIL:_____

CONTRACTOR INFORMATION

NAME: _____ PHONE:_____

ADDRESS:_____ EMAIL:_____

*******All Contractors must be registered with the Borough of Oxford and submit current certificates of insurance*******

**** NO STRUCTURAL CHANGES - REPLACEMENTS ONLY – "IN KIND" – "SAME FOR SAME"****

****If changing size of windows &/or doors or completing structural work with roof - additional fees for inspections & Building permit applications will be required*****

Roofing and Siding -	$_____		$ _____
Doors	$50.00 per door	___ No. of Doors	$ _____
Windows	$ 50.00 first 5 windows + $10.00 each add'l -	___ No. of Windows	$ _____
		TOTAL PERMIT FEE:	**$** _____

Conditions:

- All work is to be done in accordance with the current ICC Code, which has been adopted by the Borough with several additions and insertions.
- No dumpsters are to be located within the Borough without dumpster permit.
- No more than two layers of roofing.
- No overlay of wooden shingles and/or shakes

Description of work:

_____

_____

The Borough of Oxford will not be responsible for work performed by the contractor of record. It will be the responsibility of the homeowner to ensure that the work performed is up to the expectations of the homeowner.

I have read the above and agree to comply:

_____ _____

Applicant/Owners' Signature **Date**

Permit Number: _____

Fee:_____ **Date Paid:** _____**Cash Credit Ck#** _____ **Received by:** _____