Borough of East Greenville

Building Permit Application – Roof Replacement

Date of Application: _____

Applicant Information

- **Property Owner Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Mailing Address:** _____

Project Location

- **Street Address of Property:** _____
- **Parcel Number (if known):** _____

Contractor Information

- **Company Name:** _____
- **Contractor License:** _____
- **Contact Person:** _____
- **Phone Number:** _____
- **Email Address:** _____
    - **(If the permit is in the name of the contractor, a certificate of insurance is required)**

Project Description

- **Type of Work:** ☐ Residential ☐ Minimal Commercial
- **Scope of Work:**
  i.e.: Complete removal and replacement of existing roof covering. No structural changes.
- **Roof Type:** ☐ Asphalt Shingles ☐ Metal ☐ Tile ☐ Other: _____
- **Estimated Cost of Project:** $_____
- **Estimated Start Date:** _____
- **Estimated Completion Date:** _____

Additional Information

- **Will the existing roof decking be replaced?** ☐ Yes ☐ No
- **Will any structural components be altered?** ☐ Yes ☐ No
- **Is the property located in a floodplain?** ☐ Yes ☐ No
- **Is the property part of a historic district?** ☐ Yes ☐ No

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Required Attachments

- ☐ Site Plan or Roof Layout (if applicable)
- ☐ Contractor License and Insurance
- ☐ Manufacturer's Specifications for Roofing Materials
- ☐ Worker's Compensation Insurance Certificate

Applicant Certification

I hereby certify that the information provided is true and correct to the best of my knowledge. I agree to comply with all applicable codes and ordinances.

Signature of Applicant: _____ Date**:** _____