

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____
Date _____

ROOFING PERMIT APPLICATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156 Email: permits@willistown.pa.us

PA State Registration # _____ Certificate of Ins Liability W/C
ICC Certification # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner(s) Signature(s) _____ / _____

All property owners must sign. To check names on the deed, visit: https://arcweb.chesco.org/cv3/Default_CV.html

Please Print Name(s) _____

Email Address _____ Phone _____

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction. All work is to be done in accordance with Willistown Township ordinances. I also certify that I have read the second page of this permit application and that I understand the importance of using ice and water shields.

Contractor's Signature _____ Print Name _____

Email _____ Phone _____

1. Attach documentation or description of proposed work.

2. Cost of Improvement/Work _____ (labor and materials only)

Please do NOT write below this line

Permit # _____ Date Received _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____

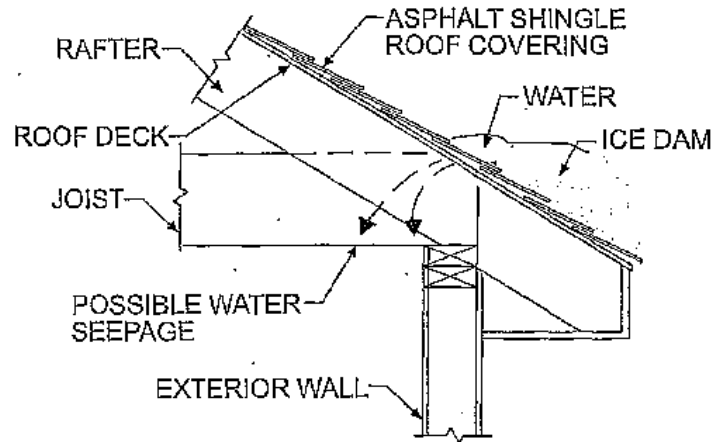
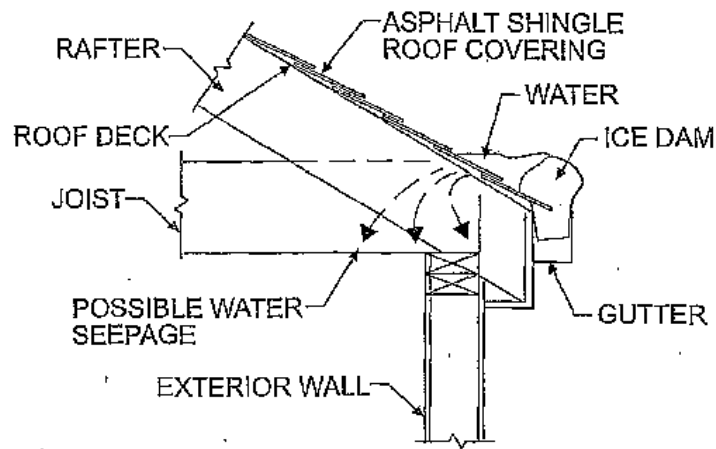
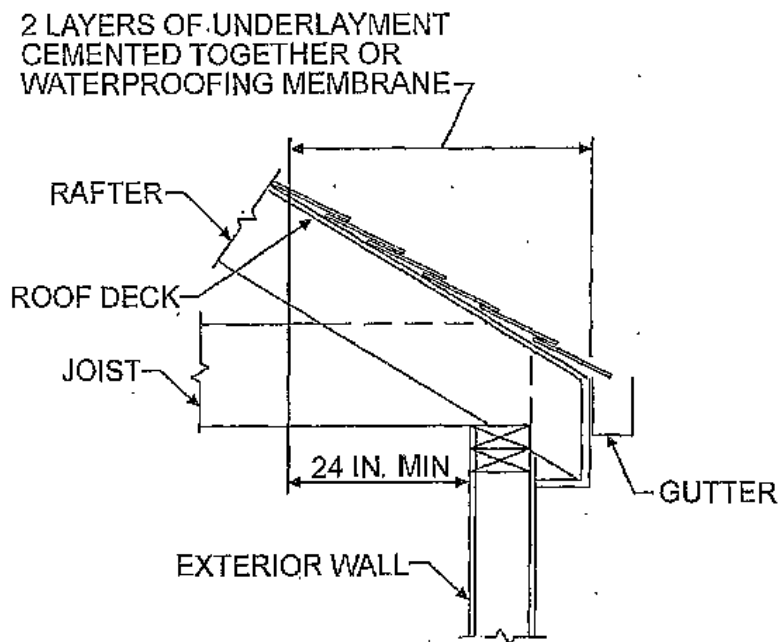


Figure R905.2.7.1(1)
POSSIBLE WATER DAMAGE FROM AN ICE DAM



For SI: 1 inch = 25.4 mm.

Figure R905.2.7.1(2)
PROTECTIVE ICE BARRIER