

**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

PA State Registration # \_\_\_\_\_ Cert Ins \_\_\_\_\_ Liability \_\_\_\_\_ W/C \_\_\_\_\_  
ICC Certification # \_\_\_\_\_

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner(s) Signature(s)** \_\_\_\_\_ / \_\_\_\_\_

**\*ALL names on deed must sign**

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 \_\_\_\_\_

Please Print Name \_\_\_\_\_ 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 \_\_\_\_\_

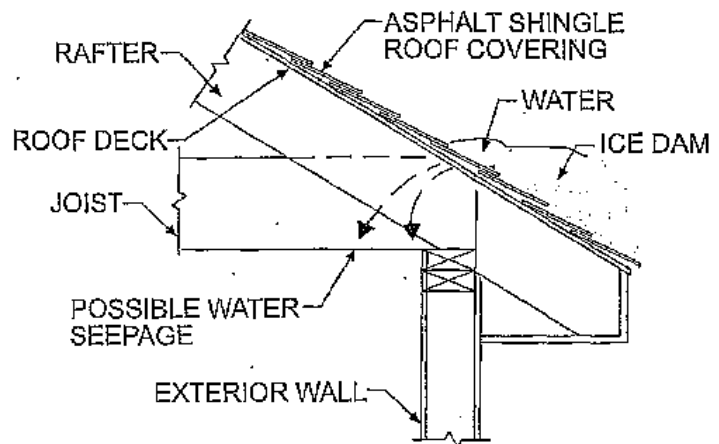
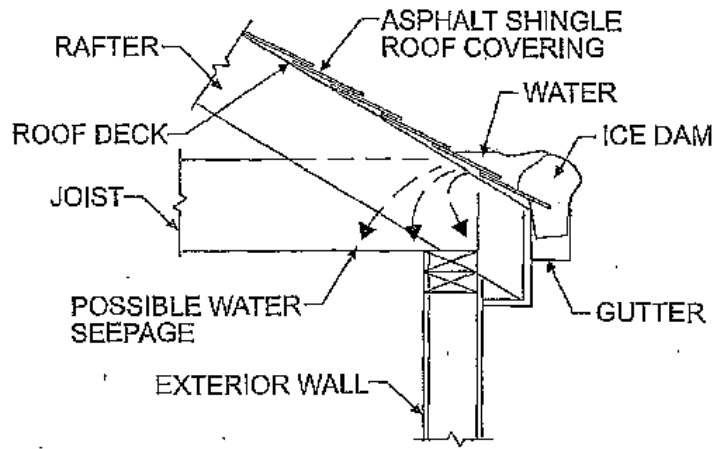


Figure R905.2.7.1(1)  
 POSSIBLE WATER DAMAGE FROM AN ICE DAM

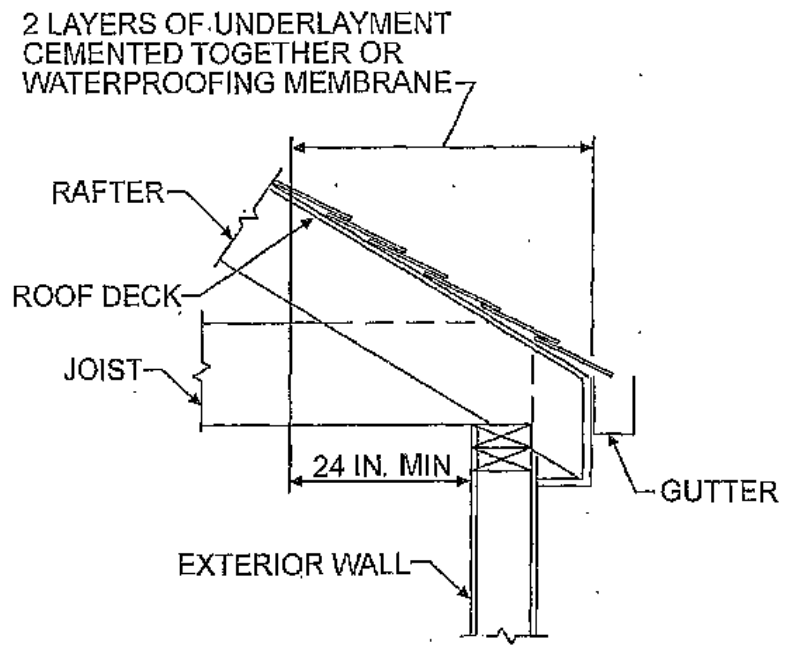


Figure R905.2.7.1(2)  
 PROTECTIVE ICE BARRIER

For SI: 1 inch = 25.4 mm.