



P.O. Box 1, Pocopson PA 19366  
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[www.pocopson.org](http://www.pocopson.org)

## RE-ROOFING PERMIT APPLICATION

A non-refundable fee of \$25.00 must be included when the re-roofing permit application is submitted. This charge is NOT subtracted from the final permit fee that is due when the permit is picked up.

### PROPERTY AND OWNER INFORMATION:

Location of Property: \_\_\_\_\_

Chester County Tax Parcel Number: 63 - \_\_\_\_\_ - \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Address of Record: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the Applicant is NOT the property owner an Agent's Affidavit is required.

Name of Applicant (if different from above): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ZONING CLASSIFICATION:

☐ RA – Residential and Agricultural Zoning District

☐ MHP – Mobile Home Park

☐ C1 – Neighborhood Commercial

☐ LI – Limited Industrial

Current Use of the Property: \_\_\_\_\_

### SPECIFICATIONS:

Roof Slope(s): \_\_\_\_\_ Ventilation: \_\_\_\_\_

Roof Coverings: ☐ Asphalt Shingles ☐ Standing Seam Metal ☐ Wood Shakes

☐ Clay/Concrete Tiles ☐ Slate Shingles

☐ Built-up Roofing

☐ Modified Bituminous Roofing

Existing Sheathing (Type & Size): \_\_\_\_\_

If replacing roof sheathing please indicate thickness and type of sheathing with spacing of roof rafters:

\_\_\_\_\_

Roofing Paper (Thickness): \_\_\_\_\_

Flashings (Type and Thickness): \_\_\_\_\_

Indicate the number of existing layers of shingles to be covered and/or removed. If re-roofing over existing shingles the surface must be smooth, clean and flat. Please note that only two layers of shingles or other material shall be permitted.

\_\_\_\_\_

**I certify that all of the information submitted with this application is true to the best of my knowledge and belief.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

FOR OFFICE USE ONLY:

☐ Application Approved      ☐ Application Denied

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Building Inspector Signature: \_\_\_\_\_