



Borough Hall
 221 Spruce Street
 Colwyn, PA 19023
 610-461-2000 office
 610-461-2709 fax

BOROUGH OF COLWYN

Delaware County, Pennsylvania

Re-Roofing Permit Application

Date: _____

A CERIFICATE OF INSURANCE MUST ACCOMPANY APPLICATION

Property Address: _____

Property Owner Information

Property Owner(s): _____

Property Owner Address: _____
 (P.O. Box not accepted)

Phone#: _____ Cell#: _____ Fax#: _____

Contractor's Information

Name/Company: _____

Address: _____
 (P.O. Box not accepted)

Phone#: _____ Cell#: _____ Fax#: _____

Specifications

Roof Slope(s): _____ Ventilation _____

Roof Coverings:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Standing Seam Metal | <input type="checkbox"/> Built-up Roofing |
| <input type="checkbox"/> Clay/Concrete Tiles | <input type="checkbox"/> Slate Shingles | |
| <input type="checkbox"/> Modified Bituminous | <input type="checkbox"/> Wood Shakes | |

Existing Sheathing (Type & Size): _____

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

Roofing Paper (Thickness): _____ Flashing (Type & 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 & flat. (Please note, only two layers of shingles or other material shall be permitted.)

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by law or ordinance.

Authorized Signature: _____ Date: _____

*The applicant shall promptly inform the Department of Code in writing of any changes made to a property which alters the information provided in the applicant's registration. Registration is non-transferable.