



HILLTOWN TOWNSHIP

13 West Creamery Road
P.O. Box 260
Hilltown, PA 18927
(215) 453-6000 Fax: (215) 453-1024
www.hilltown.org

**FAXED APPLICATIONS
WILL NOT BE
ACCEPTED**

Residential Re-Roofing Application

(Non-Residential projects should use the Non-Residential (Commercial) Building Permit Application)

Property and Owner Information

Location of Property: _____
Tax Map Parcel Number: _____
Current Use of the Property: _____

Property Owner: _____
Address: _____
Phone Number: _____
E-Mail Address: _____

Applicant (if different): _____
Address: _____
Phone Number: _____
E-Mail Address: _____

Estimated Cost of Project: _____
(Application will not be processed without this information)

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

Roofing Paper (Thickness): _____ Flashings (Type and Thickness): _____

Existing Sheathing (Type and Size): _____

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

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

Applicant Signature: _____ Date: _____

Fee _____ NOTES: _____

Application Approved Application Denied Date: _____

Building Inspector _____