

**BOROUGH OF COLWYN**

221 Spruce Street
Colwyn, PA 19023
Phone: 610-461-2000
www.colwynborough.com

ROOFING PERMIT APPLICATION

ROOFING PERMIT FLAT FEE: \$40 PER \$1000 OF THE JOB COST + \$4.50 STATE FEE

- ✓ Certificate of Insurance: A Certificate of Insurance MUST accompany this application
- ✓ Workers' Compensation Certificate **OR** Workers Compensation Release Form

PROPERTY ADDRESS _____

VALUE OF JOB: \$ _____ **TIME TO COMMENCE** _____

PROPERTY OWNERS NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

CONTRACTORS NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

CONTRACTORS LICENSE # _____ **EXPIRES:** _____

Work Specifications & Materials

Roof Slope(s) _____

Replacement Sheathing (Thickness & Type with Rafter Spacing) _____

Roofing Paper (Thickness) _____

Flashing (Type & Thickness) _____

Ventilation _____

Existing Shingle Layers (To be covered and/or removed) _____

Roof Coverings

- | | |
|--|--|
| ☐ Asphalt Shingles | ☐ Slate Shingles |
| ☐ Standing Seam Metal | ☐ Modified Bituminous |
| ☐ Built-up Roofing | ☐ Wood Shakes |
| ☐ Clay/Concrete Tiles | |

Guidelines & Regulations

Surface Condition: If re-roofing over existing shingles, the surface must be smooth, clean, and flat. Layer Limit: Only two (2) layers of shingles or other roofing material shall be permitted. Permit is Non-Transferable: 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.

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.

SIGNATURE: _____ **DATE:** _____

Inspection Notice: A minimum 24-hour notice is required to schedule inspection. Call 215-880-0108 to schedule inspections

WORKERS COMPENSATION INSURANCE COVERAGE PROGRAM

- A. **THE APPLICANT IS** A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKER'S COMPENSATION LAW. _____ YES _____ NO

IF THE ANSWER IS "YES", COMPLETE SECTIONS B AND C BELOW, AS APPROPRIATE.

B. INSURANCE INFORMATION

NAME OF APPLICANT: _____

FEDERAL OR STATE IDENTIFICATION NUMBER: _____

APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKER'S COMPENSATION – CERTIFICATE ATTACHED

NAME OF WORKER'S COMPENSATION INSURER: _____

WORKER'S COMPENSATION INSURANCE POLICY NUMBER: _____

POLICY EXPIRATION DATE: _____

C. EXEMPTION

COMPLETE SECTION C IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE.

THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKER'S COMPENSATION INSURANCE UNDER THE PROVISIONS OF PENNSYLVANIA'S WORKER'S COMPENSATION LAW FOR ONE OF THE FOLLOWING REASONS, AS INDICATED:

_____ CONTRACTOR WITH NO EMPLOYEES. CONTRACTOR PROHIBITED BY LAW FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK PURSUANT TO THIS BUILDING PERMIT UNLESS CONTRACTOR PROVIDES PROOF OF INSURANCE TO THE TOWNSHIP.

RELIGIOUS EXEMPTION UNDER THE WORKER'S COMPENSATION LAW.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____

APPLICANT SIGNATURE

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES

SEAL:

ADDRESS

COUNTY

MUNICIPALITY

FALSE INFORMATION PROVIDED IN THE APPLICATION PROCESS WILL RESULT IN IMMEDIATE REVOCATION OF THE LICENSE AND PERMIT.