

Haverford Township

ROOF PERMIT APPLICATION ADDENDUM

PERMIT NO. _____

This information is being provided to inform you of Haverford Township's policy regarding roofing and re-roofing. This questionnaire must be filled out for all roofing permit applications to provide us with a complete description of the existing and proposed roofing materials.

RE-ROOFING

In compliance with the Township's building code, a maximum of two layers of shingles are permitted to be installed on a roof. In the case of an existing wood shingle roof with one or more roofs above, all roof layers must be removed and new sheathing applied. Removal of one or more of the roofs, and the installation of new shingles over the existing wood shingle roof, is not permitted. If the initial roof is a wood shingle roof that has never been re-roofed, a second roof may be installed. Additionally, a new roof may not be installed over any of the following roof systems: wood shake, slate, clay, and cement or asbestos-cement tile.

Roof sheathing must be a minimum 1/2" sheathing when installed over rafters 16" O.C. All rafters on 24" centers require a minimum of 5/8" roof sheathing with "H" clips.

Please answer the following questions relating to the proposed roof permit application.

PLEASE INDICATE:

PROPERTY ADDRESS: _____

1. Specify the number of roofing layers that currently exist on the roof.
(Specify wood, shingles, number of ply's) _____
2. Specify the number of layers of existing roofing to be removed _____
 - A. If the existing roof covering is to remain, is the roof covering dimensional shingle? _____
If so, do you agree to provide the property owner with a letter from the Township describing the potential problems with roofing over a dimensional shingle? _____
3. If a new roof is to be installed over an existing wood shingle roof (that has never been re-roofed), is it an acceptable nailing base? _____
4. Specify type of roof to be installed (manufacturer's name, etc.)

5. Is any portion of the roof decking being replaced? _____
If so, what type of decking and how thick? (Minimum 1/2") _____
What is the spacing of the roof rafters? _____
6. What is the approximate slope of the roof? _____ units vertical in 12 units horizontal. If the slope is less than 4:12, what type of low slope application are you installing?

- Does this application comply with the manufacturer's specifications? _____
7. How many squares will be installed? _____
8. Specify portion of roof to be repaired or replaced?

9. Specify type of flashing and method of installation? _____

10. Is the space below the roof covering vented? _____
11. If not, which type of venting will be installed comply with the venting requirements below?

A. one square foot of vent provided for every (150) square feet of attic floor area?

OR

B. one square foot of vent provided for every (300) square feet of attic floor area?

PLEASE NOTE! In order to utilize option (B), at least 50% of the venting must be provided in the upper 1/3 of the roof with the other 50% located in the cornice or eave.

12. Is there (or will there be) adequate venting to comply with the above code requirements?

13. Are skylights being installed or replaced? _____

If so, is the proper flashing being used? (i.e., a low slope roof under 4:12 slope requires special flashing around a skylight? _____

14. Will an ice shield be installed a minimum of 24" inside the exterior wall line of the building?

15. Will a drip edge be installed along every eave? _____

16. Will any flammable or toxic material be used in the roofing process? Yes ___ No ___

17. Will a torch down roofing method be used? Yes _____ No _____

If so, a fire extinguisher must be present on the roof and no flammable produce (i.e., propane tanks) may be left unattended on the roof. Do you agree to comply with these requirements?

Yes _____ No _____

Propane tanks must be removed from the roof at the end of each working day.

18. Will sub contractors be used on the job? Yes _____ No _____

Name of Sub-Contractor: _____

Sub contractor(s) must be licensed with Haverford Township OR registered as a Home Improvement Contractor (HIC) with the state.

License #: _____ HIC Registration #: _____

Sub-contractors found working without either will be reported to the Attorney General's Office.

19. Is the property located within a Historic District or on the Historic Resource Inventory list?

Yes _____ No _____

All Permits Must Be Obtained Prior To the Start of Work and Must Be Posted In

A

Conspicuous Place Where It Can Be Seen From A Public Way.

After A Building Permits Is Issued, A Six (6) Square Foot Maximum Contractor's Sign May Be Displayed While Active Work Is Being Performed. This Sign Must Be Promptly Removed When The Work Is Completed. Signs Cannot Be Placed Within the Right-Of-Way of Any Street.

My signature below certifies that the information above is accurate to the best of my knowledge and that I will comply with the roofing provisions in the International Residential Code. This signature also certifies that if the existing roof is to be removed, I will replace all decayed sheathing that may exist.

SIGNATURE _____

APPLICANT SIGNATURE DATE _____

PA State HIC#

Township of Haverford

1014 Darby Road
Havertown, PA 19083
(610) 446-1000



Trade License # _____

Executed Contract _____

Certificate Use & Occ _____

Plans _____ Specs _____

Permit Fee \$ _____ Permit No. _____ Act 13 Fee \$ _____

Validated

APPLICATION FOR PERMIT FOR ADDITIONS, ALTERATIONS, REPAIRS, FENCES AND ACCESSORY STRUCTURES AND DEMOLITIONS, ETC.

Residential _____ Commercial _____

If Commercial: Professional Accessibility Drawings Included: YES _____ NO _____

The undersigned applies for a permit to construct the following work (Give exact location):

Street and number: _____

Zip Code _____ Phone Number _____

Give definite particulars as to work proposed and materials used:

SOLAR

Dumpster in street? _____ Dumpster on Property? _____

ESTIMATED COST \$ _____ START DATE _____ COMPLETION DATE _____

All provisions to the Building and Zoning Codes will be complied with, whether specified herein or not

Property Owner _____ Address _____

Contractor _____ Address _____

Phone # _____ City _____ State _____

Applicant _____ Address _____

Homeowner Signature _____ Date _____

Contractor Signature _____ Date _____

This document shall verify that the above-reference individual(s) is/are the Property Owners of the Property indicated within the Project Information Section and have identified the Contractor to serve as their duly authorized Agent for the submission of this Permit

ALL INSPECTIONS ARE PERFORMED WITHIN 48 HOURS OF SCHEDULING

Applicant must draw sketch of house and any outbuildings on the lot, existing or to be erected, and indicated dimensions from each building to each property line and between buildings.

REAR PROPERTY LINE



FRONT PROPERTY LINE

Corner Property? YES _____ NO _____

Notwithstanding the issuance of this permit or approval of plans, it is understood and agreed that all provisions of the Building and Zoning Codes will be complied with, whether specified herein or not.

(APPLICANT'S SIGNATURE)