



Borough of Phoenixville
 351 Bridge Street
 Phoenixville, PA 19460
 Phone (610) 933-8801
www.phoenixville.org

Permit #:	_____
Permit Fee:	_____
Application Fee:	_____
PA Surcharge	_____ \$4
Inspection Fee:	_____ Included
Total:	_____

Roofing Permit Application

*** STAFF INSPECTION REQUIRED ***

Residential Commercial

Property Information: (Please Print)

Property Address: _____
 Owner Name: _____
 Phone: _____ Cell: _____ Email: _____
 Tax Parcel Number: _____ Zoning District: _____

Applicant Information:

Name: _____
 Address: _____
 Phone: _____ Cell: _____ Email: _____

Contractor Information:

Company Name: _____
 Primary Contact: _____
 Address: _____
 Phone: _____ Cell: _____ Email: _____
 Type & Registration #: _____

Type of Work to be Performed:

New Building Renovation Total Square Feet of Scope: _____
 Addition Total Cost of Scope: _____
 Is the property in the Historic District? _____ Is the property a corner lot? _____

New Buildings and Additions that increase the total impervious surface coverage are subject to the property's Zoning District Area and Design Regulations as set in Phoenixville Code Chapter 27: Zoning and may be subject to a Soil and Erosion Permit for stormwater quantity control.

Project Description: _____

Your application will not be reviewed until all of the required information has been provided to the Borough of Phoenixville. In accordance to the PA State Uniform Construction Code, the Building Code Official shall approve or deny the application in whole or in part, within 15 days for residential and 30 days for commercial projects.

Existing membrane(s): membrane type and number of layers _____
 Proposed membrane: manufacturer, type and warranty _____
 Is the space below the roof covering vented? _____
 If no, what type shall be installed to comply with the following code requirements: _____
 If not, has the owner been made aware that the lack of adequate venting may void the manufacturer's warranty? _____
 Will a drip edge be installed along every eave? _____
 Any flammable/toxic materials to be used during installation? _____ Specify Materials _____
 Will a torch or a heating source of any type be used? _____
 Will a "torch-down" roofing method be used? _____
 If so, fire extinguisher must be present on the roof during all work hours. NO FLAMMABLE or COMBUSTIBLE PRODUCTS OR TANKS (propane) may be left unattended on the roof. Do you agree to comply with these requirements? _____ INITIALS: _____

Propane tanks must be removed from the roof at the end of each workday. NO EXCEPTIONS

On August 9, 2011, Phoenixville Borough Council adopted the "Neighborhood Blight Protections and Enforcement" Ordinance 2180, that enables Borough Staff to deny any permit application if the owner of said property, on that or any other property owned in the Commonwealth, (1) has Tax and/or Municipal Services delinquencies on account of the actions of the Owner; or (2) has a Serious Violation with having no corrective, Substantial Steps in place. A printed copy of this ordinance is available upon request at the Borough Code Enforcement Department.

Borough of Phoenixville Code Chapter 27, Part 602.1.E.3: Performing any construction operation or operating or permitting the operation of any tools or equipment used in construction, drilling or demolition work between the hours of 6:00 p.m. and 8:00 a.m. or at any time on weekends, if such operation creates a noise disturbance across a real property boundary line or within a noise-sensitive zone. This section does not apply to domestic power tools or to vehicles which are designed for transportation use on public highways.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and we agree to conform to all applicable laws of this jurisdiction. Construction shall comply with all Borough Codes and the most current ICC Building Codes as adopted by the Commonwealth of Pennsylvania. Building/Structure shall also comply with the American Disabilities Act of 1990 where applicable. I have examined this application, its requirements and to my knowledge and belief, is a true, correct and complete application.

Applicant's Signature: _____ Date: _____

I would like: To be called to pick up the permit upon approval To have the permit mailed

Please be advised: As per the Borough of Phoenixville Schedule of Fees, the applicant shall be responsible for any additional Consultant Fees above and beyond the collected inspection fees on an "as invoiced" basis that may not be able to be ascertained at the submission of the application, and are due upon pick up.

OFFICE USE ONLY

Submitted Documents:

Plot Plan	YES	NO	N/A
Building Plans (sealed/signed)	YES	NO	N/A
Specifications	YES	NO	N/A
Zoning Approval	YES	NO	N/A
Application Completion:	YES	NO	
Signature of Applicant:	YES	NO	

Accepted/Returned by: _____ Date: _____

Ordinance 2180 Clearance: _____ Date: _____

Building Code Official: _____ Date: _____