

* EFFECTIVE JANUARY 1, 2012 A NON-REFUNDABLE \$35 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL APPLICATIONS IN THE FORM OF CHECK, MONEY ORDER OR EXACT CHANGE. THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED *

PERMIT COVER PAGE

Address where work is being performed _____

Is contractor performing work? ____ YES ____ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? ____ YES ____ NO. If answered YES than property owner must provide Proof of Insurance to the Borough

Contractor/Policyholder Federal or State EIN (if applicable): _____

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act: _____.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: _____

Signature of Applicant

Name of Applicant (Printed)

Title of Applicant (if applicable)

Fax to:
215-361-8393

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org



Borough of Lansdale Roofing Permit Application

ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED. PERMIT FEE IS DETERMINED BY JOB COST.

Application Date ____/____/____

Permit# _____

I. Property Information

Site Address _____ Tax Map Parcel # _____

Residential Commercial Single Family Multi-Family

II. Property Owner:

Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

III. Contractor Information: Same as Owner

Company _____

Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

PA License # _____

IV. Applicant: Same as Owner Same as Contractor

Name _____

Mailing Address _____

City _____ State _____ Zip _____

V. Description of Work: New Repair/Replace

Est. Start ____/____/____ Est. Finish ____/____/____ Est. Job Cost \$ _____

Applicant Signature _____ Contact# _____