

UPPER UWCHLAN TOWNSHIP
415 Eagleview Blvd., Suite 116
Exton PA 19341
(610) 458-9400 Office
(610) 458-0307 Fax

APPLICATION FOR BUILDING PERMIT

DATE _____ PERMIT NO. _____

STATE REGISTRATION #: _____ (required)

Application is hereby made to construct the following: **RE-ROOF**

1. **OWNER** _____ **CONTRACTOR** _____

Address _____ Address _____

Phone _____ Phone _____

Email _____

2. Location of Property _____ Subdivision _____

Address _____ Lot No. _____

_____ Zoning District _____

3. Estimated Cost of Construction \$ _____

4. It is agreed that construction and use will be in accordance with applicable Township Ordinances. It is further agreed that construction will be performed according to plans submitted with this Application.

Applicant's Signature _____ Date _____

Approved Fee \$ _____

Not Approved Reason _____

Signature _____ Date _____

**Upper Uwchlan Township
Application Fact Sheet**

ROOF REPLACEMENT

DATE: _____

HOMEOWNER'S NAME: _____

SITE ADDRESS: _____

REQUIREMENTS:

1. Structure to be roofed:

- | | |
|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> House – attached garage |
| <input type="checkbox"/> Garage – detached | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Pool House | <input type="checkbox"/> Barn |

2. CONSTRUCTION PLAN:

- Re-roof over existing shingles
- Pull off – re roof

3. Material to be used: _____

Contact Name: _____

Phone: _____