

BOROUGH OF HELLERTOWN

685 Main St., Hellertown PA 18055

Phone: 610-838-7041 Fax: 610-838-0500

www.hellertownborough.org

ROOFING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

| | | | | |
|-------------------------------|--------|------|--|--------|
| PROPERTY OWNER NAME: | | | | PHONE: |
| PROJECT ADDRESS: | | | | CELL: |
| CITY: | STATE: | ZIP: | | EMAIL: |
| APPLICANT NAME: | | | | PHONE: |
| APPLICANT ADDRESS: | | | | CELL: |
| CITY: | STATE: | ZIP: | | EMAIL: |
| CONTRACTOR NAME: | | | | PHONE: |
| CONTRACTOR PA REGISTRATION #: | | | | CELL: |
| CONTRACTOR ADDRESS: | | | | FAX: |
| CITY: | STATE: | ZIP: | | EMAIL: |

PROPOSED WORK

TYPE OF ROOFING MATERIAL: _____
DIMENSIONS: Number of Stories _____ Size of Roof sq. ft. _____
COST OF PROPOSED WORK: \$ _____

SIGNATURE

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 his agent and we agree to conform to all applicable laws of the Borough of Hellertown. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

PERMIT #: _____
DATE ISSUED: _____
PERMIT FEE: \$ _____
APPROVED BY: _____
TITLE: _____ DATE: _____

FEES

BIA: \$ _____
BOROUGH: \$ _____
STATE: \$ _____
TOTAL: \$ _____

PAYMENT

CASH
CREDIT CARD
CHECK # _____