



# HILLTOWN TOWNSHIP

13 West Creamery Road P.O. Box 260  
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**FAXED  
APPLICATIONS WILL  
NOT BE ACCEPTED**

## Residential Re-Roofing Application

(Non-Residential projects should use the [Non-Residential Building Permit Application](#))

### Property and Owner Information

Location of Property: \_\_\_\_\_  
Tax Map Parcel Number: \_\_\_\_\_  
Current Use of the Property: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Applicant (if different): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Estimated Cost of Project:** \_\_\_\_\_  
(Application will not be oprocessed without this information)

### Specifications

Roof Slope(s): \_\_\_\_\_ Ventilation: \_\_\_\_\_

Roof Coverings:  Asphalt Shingles       Standing Seam Metal       Wood Shakes  
 Clay/Concrete Tiles       Slate Shingles       Built-up Roofing  
 Modified Bituminous Roofing

Roofing Paper (Thickness): \_\_\_\_\_ Flashings (Type and Thickness): \_\_\_\_\_

Existing Sheathing (Type and Size): \_\_\_\_\_

If replacing roof sheathing please indicate thickness and type of sheathing with spacing of roof rafters:

\_\_\_\_\_

Indicate the number of existing layers of shingles to be covered and/or removed. If re-roofing over existing shingles the surface must be smooth, clean and flat. (Please note that, only two layers of shingles or other material shall be permitted.):

\_\_\_\_\_

I hereby certify that all of the information submitted with this application is true to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee \_\_\_\_\_ NOTES: \_\_\_\_\_

Application Approved       Application Denied      Date: \_\_\_\_\_

Building Inspector \_\_\_\_\_