



**HILLTOWN TOWNSHIP**

13 West Creamery Road  
P.O. Box 260  
Hilltown, PA 18927  
(215) 453-6000 Fax: (215) 453-1024  
www.hilltown.org

**FAXED APPLICATIONS  
WILL NOT BE  
ACCEPTED**

**Residential Re-Roofing Application**

(Non-Residential projects should use the Non-Residential (Commercial) 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 processed without Estimated Cost & Paperwork)

**Specifications**

Roof Slope(s): \_\_\_\_\_ Ventilation: \_\_\_\_\_ Total Sq. Ft of Replacement: \_\_\_\_\_  
Roof Coverings:  Asphalt Shingles     Standing Seam Metal     Wood Shakes  
 Slate Shingles     Built-up Roofing  
 Clay/Concrete Tiles  
 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 \_\_\_\_\_