

BOROUGH OF FOUNTAIN HILL  
OFFICE OF CODE ENFORCEMENT  
941 LONG STREET FOUNTAIN HILL PA 18015  
610-867-5124 Fax 610-867-7153

**RESIDENTIAL ROOFING PERMIT**

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
JOB ADDRESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTRACTOR PA REGISTRATION # \_\_\_\_\_  
CONTRACTOR ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPOSED WORK:**

TYPE OF ROOFING MATERIAL \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_  
COST OF PROPOSED WORK: \_\_\_\_\_ RE-ROOFING \_\_\_\_\_ Snow & Ice shield \_\_\_\_\_  
Roof Sheathing \_\_\_\_\_ Ridge Vent \_\_\_\_\_ Soffit Vent \_\_\_\_\_ Drip Edge \_\_\_\_\_ Other \_\_\_\_\_

**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 Fountain Hill Borough and the Pa. UCC. I understand that a copy of the Workers Compensation Insurance Certificate must be provided by the contractor prior to issuance of the permit.

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

**REQUIRED INSPECTIONS:** \_\_\_\_\_