

PERMIT COVER PAGE



Site Address _____

Project/Application Type(ex.roof, sewer lateral, deck etc)_____

Project Name(if any)_____

- Plans (list type)_____
- Application
- Specifications (list type)_____
- Other _____
- Other _____
- Other _____

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org



BOROUGH OF LANSDALE ROOFING PERMIT APPLICATION

ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED.

Application Date ___/___/___

Permit# _____
For Office Use Only

I. Property Information

Site Address _____ Tax Map Parcel # _____

Residential Commercial Single Family Multi-Family

II. Property Owner:

Preferred form of contact Phone Email

Name _____

Phone #(Home) _____ (Mobile) _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

III. Contractor Information: Same as Owner

Preferred form of contact Phone Email

Company _____

Name _____

Phone #(Business) _____ (Mobile) _____

Email _____ PA License (HIC)# _____

Mailing Address _____

City _____ State _____ Zip _____

IV. Applicant: Same as Owner Same as Contractor

Preferred form of contact Phone Email

Name _____

Phone #(Home) _____ (Mobile) _____ (Business) _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Contact Person: Property Owner Contractor Applicant

V. Description of Work: New Repair/Replace

Roof Type: Flat Pitched

Est. Start ___/___/___ Est. Finish ___/___/___ Est. Job Cost \$ _____

Applicant Signature _____ Contact# _____

Include copy of written proposal/contract.