

Township of Palmer

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RESIDENTIAL RE-ROOFING APPLICATION

Municipality: Palmer Township Date: _____

Site Address: _____ Phone#: _____

Applicant Name: _____

Contractor Name: _____ Phone# _____

Total # of squares to be installed / replaced _____

Are you replacing or recovering existing application?
(existing roof covering may not have 2 or more applications of any type of roof covering)

Roof material to be installed: Shingle (asphalt) Slate Metal
 Mineral-surfaced roll roofing (minimum 1:12 pitch) Other _____

Pitch of Roof: _____:12 (minimum 2:12 or greater for asphalt or 4:12 or greater for slate)

Underlayment: # _____ felt Ice and water shield (required) Other _____
(double underlayment is required for asphalt shingles installed on slopes from 2:12-4:12)

Ventilation: Ridge Vented soffit Gable Other _____

Any replacement of structural components (i.e. rafters) may require an additional permit and inspections