UPPER DARBY TOWNSHIP - L	ICENSES & INSPECTION
	PSTER ON THE STREET
ADDRESS OF JOB	DATE
NAME OF OWNER	Owner phone #
ADDRESS OF OWNER	
(If owner does not reside at job address)	
CONTRACTOR OR APPLICANT NAME	
(Person doing the work) PHONE #CELL#	
(Contractor must have a current Upper Darby Townsh	nin license and insurance)
Please select one of the following: Residential Comme	
· —	
Please select one of the following: New BuildingAddition	onMain RoofGaragePorcn
How many roof coverings exist on the roof? (A	
maximum of <u>two</u> roof coverings including the new roof are	Siding/Stucco
allowed. New roof coverings cannot be installed over water	Clangrotacco
soaked or deteriorated roof coverings or over existing roof	Туре
coverings made of <u>wood shake</u> , slate, clay, cement or	· ypo
asbestos-cement tile.)	Area(s) of house or structure
Will you be tearing off the existing roof? Y N	# of Squares
Will you be installing new decking material? Y N	Galvanized Wire Lath? Y N
If yes, specify the type of decking	-
	Dumpsters
Will you be replacing any Joists? Y N	
If yes a building permit is required.	Must be legally parked.
Is this an "A" or flat roof installation?	If meters are involved, they must be rented from the
All "A" Roofs must have ice shield & min. 2:12 slope.	•
	meter department in Room #10. Phone Number 610
Please specify type of covering	734-7646
Does the roof have proper cross venitlation?	
Will see he installing good flashing O	
Will you be installing new flashing? (Flashing is	
required where the roof abuts any vertical surface including	
walls, chimneys, skylights, vents, etc.)	
	I

## PERMIT FEES WILL BE DOUBLED IF WORK BEGINS BEFORE PERMITS ARE ISSUED.

CONTRACTOR SIGNATURE		COST OF JOB		
Anticipated Start D	ate	Or call when works begins	PERMIT FEE	
Fee schedule Cost or value of job		irst \$500 then \$15 each \$1000 or fractio per \$1000 up to \$50,000 then \$10 each		
		n street maximum 30 days		05/08

## Courtesy of www.DomesticDumpsters.com