



TO BE ACCEPTED, ROOF PERMIT APPLICATIONS MUST INCLUDE EACH OF THE FOLLOWING:

- Completed building permit application.** Must be filled out and signed by contractor or person doing the work. On your application, please provide a valid email address for correspondence. No faxed or emailed applications will be accepted.
- Non-refundable application fee** (\$150.00 for commercial, \$60.00 for residential) payable to **Whitehall Township**. Additional fees may be due at permit issuance.

NOTE: The permit fee for a residential roof re-shingle with NO structural changes is \$119.50. This can be paid in full at time of submission.

- Certificate of insurance** showing Worker's Compensation coverage *OR* a notarized exemption affidavit form. The insurance certificate must list Whitehall Township as the certificate holder. *We do not keep any insurance certificates on file.*
- For residential roof repairs or replacements**, provide a detailed listing of materials to be used on the roof.
- For commercial/multi-family roof repairs or replacements**,
 - Submit THREE (3) copies of the listing of materials to be used including underlayment, drip edge flashing, ice shield, and finish materials.
 - Cut sheets and/or manufacturer's instructions should be submitted on multi-ply and built-up roof systems.
 - Must indicate the square footage of the affected area in the "building dimension" section of the building permit application.
- Contractor must have a valid Business Privilege License with the Treasurer's office.

ALL ITEMS MUST BE COMPLETE AT TIME OF SUBMISSION. FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN APPLICATION DENIAL.

Please submit all documents to the Township at 3219 MacArthur Road, Whitehall, PA 18052.

No. _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT		Zoning District _____
Site Address: _____	Tax Parcel # _____	
Lot # _____	Subdivision/Land Development: _____	Phase: _____ Section: _____

Owner: _____ Email: _____
Mailing Address: _____ Phone #: _____

Occupant/Tenant: _____ Email: _____
Mailing Address: _____ Phone #: _____

Contractor: _____ Email: _____
Mailing Address: _____ Phone #: _____

Architect: _____ Email: _____
Mailing Address: _____ Phone #: _____

TYPE OF WORK OR IMPROVEMENT (Check One) New Building Addition Alteration
 Repair Demolition Temporary Trailer Sprinkler Other (Shed, Driveway, Fence, etc.)
Describe the proposed work: _____

NOTE: If setting up a manufactured home, the following number is also **REQUIRED**.
* MANUFACTURED HOUSING BOARD LICENSE # _____
ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)
RESIDENTIAL
 One-Family Dwelling (R-3) Two-Family Dwelling (R-3) Multi-Family (R-2) Hotels (R-1)
NON-RESIDENTIAL Specific Use: _____ Use Group: _____
Change in Use YES NO If yes, Indicate Former: _____
Maximum Occupancy Load _____ Maximum Live Load _____

BUILDING/SITE CHARACTERISTICS
Number of Residential Dwelling Units: _____ Existing _____ Proposed _____
Mechanical: Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) _____
Water Service: (Check) Public Private **Sewer Service:** (Check) Public Private
Does or will your building contain any of the following:
Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____
Elevator/Escalators: YES NO **Lifts/Moving Walks:** YES NO
Sprinkler System: YES NO **Pressure Vessels:** YES NO
Refrigeration Systems: YES NO

Permit No. _____
Address _____

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN (This section is REQUIRED to be completed)

Is the site located within an identified flood prone area? (Check One) YES NO

What Zone? (Check One) _____ A _____ AE _____ X

Will any portion of the flood prone area be developed? (Check One) YES NO

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d). Fair Market Value of Structures \$ _____

******Start of work must commence within 180 days from the issuance of permit ******

PROPERTY OWNER CERTIFICATION

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

PROPERTY OWNER SIGNATURE _____ **PRINT NAME** _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure only if there is no contractor involved, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE of Property Owner

Print Name of Property Owner

SIGNATURE of Authorized Agent/Contractor

Print Name of Authorized Agent/Contractor

Contractor Address

Date

Directions to Site: _____

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-
ALL EXISTING STRUCTURES**

