

BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036
Phone: 610-282-3307 Fax: 610-282-4668
ROOFING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME: _____	PHONE: (____) _____
PROJECT ADDRESS: _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
APPLICANT NAME: _____	PHONE: (____) _____
APPLICANT ADDRESS: _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
CONTRACTOR NAME: _____	PHONE: (____) _____
CONTRACTOR PA REGISTRATION #: _____	CELL: (____) _____
CONTRACTOR ADDRESS: _____	FAX: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____

PROPOSED WORK

TYPE OF ROOFING MATERIAL: _____
DIMENSIONS: Number of Stories _____ Size of Roof _____ sq. ft.
COST OF PROPOSED WORK: \$ _____

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 Borough of Coopersburg. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

PERMIT #: _____
DATE ISSUED: _____
APPROVED BY: _____
TITLE: _____

FEES

BIA: \$ _____
BOROUGH: \$ _____
STATE: \$ _____
TOTAL: \$ _____

PAYMENT

CASH
 CHECK # _____
 IN MAIL

DISTRIBUTION LIST

BOROUGH
 CODE OFFICE
 REGISTRAR
 ADMINISTRATION
 RIGHT TO KNOW