

Bristol Borough
Bucks County, Pennsylvania

250 Pond St.
Bristol, Pa 19007
(215)785-4501

ROOF PERMIT APPLICATION ADDENDUM

PERMIT # _____

This information is being provided to inform you of Bristol Borough's policy regarding roofing and re-roofing. The questionnaire must be filled out for all roofing permit applications to provide us with a complete description.

RE-ROOFING

A maximum of two asphalt, fiberglass, wood shingle or low slope roofing systems are permitted. (A wood shingle roof will serve as the roof deck provided the shingles are in good condition). A new roof may not be installed over any of the following systems: slate, wood shake, asbestos or clay tile.

Roof sheathing must be a minimum 1/2" sheathing when installed over rafters 16" O.C. All rafters on 24" centers require a minimum 5/8" roof sheathing with "H" clips.

PLEASE INDICATE:

PROPERTY ADDRESS: _____

1. Specify the number of roofing layers that currently exist on the roof.
(Specify wood, shingles, number of ply's) _____

2. Specify the number of layers of existing roofing to be removed

A. If the existing roof covering is to remain, is the roof covering a dimensional shingle? _____
If so, do you agree to provide the property owner with a letter from the Borough describing the potential problems with roofing over a dimensional shingle? _____

3. If the initial roof is wood shingle, is it an acceptable base for additional roofing?

4. Specify type of roof to be installed (manufacturer's name, etc.).

5. Is any portion of the roof decking being replaced? _____
If so, what type of decking and how thick? (Minimum 1/2") _____
What is the spacing of the roof rafters? _____

6. What is the approximate slope of the roof? _____ units vertical in 12 units horizontal.
If the slope is less than 4:12, what type of low slope application are you installing?

Does this application comply with the manufacturer's specifications? _____

7. How many squares will be installed?

8. Specify portion of roof to be repaired or replaced?

9. Specify type of flashing and method of installation?

10. Is the space below the roof covering vented?

11. If not, which type of venting will be installed to comply with the venting requirements below?

A. one square foot of vent provided for every (150) square feet of attic floor area? _____

OR

B. one square foot of vent provided for every (300) square feet of attic floor area? _____

PLEASE NOTE: In order to utilize option (B), at least 50% of the venting must be provided in the upper 1/3 of the roof with the other 50% located in the cornice or eave.

12. Is there (or will there be) adequate venting to comply with the above code requirements?

13. Are skylights being installed or replaced? _____

If so, is the proper flashing being used? (i.e., a low slope roof under 4:12 slope requires special flashing around a skylight?) _____

14. Will an ice shield be installed a minimum of 24" inside the exterior wall line of the building?

15. Will a drip edge be installed along every eave? _____

16. Will any flammable or toxic materials be used in the roofing process? Yes _____ No _____

17. Will a torch down roofing method be used? Yes _____ No _____

If so, a fire extinguisher must be present on the roof and no flammable produce (i.e., propane tanks) may be left unattended on the roof. Do you agree to comply with these requirements? Yes _____ No _____

Propane tanks must be removed from the roof at the end of each working day.

ALL PERMITS MUST BE OBTAINED PRIOR TO THE START OF WORK AND MUST BE POSTED IN A CONSPICUOUS PLACE WHERE IT CAN BE SEEN FROM A PUBLIC WAY.

AFTER A BUILDING PERMIT IS ISSUED, A SIX SQUARE FOOT (MAXIMUM) CONTRACTOR'S SIGN MAY BE DISPLAYED WHILE ACTIVE WORK IS BEING PERFORMED. THIS SIGN MUST BE PROMPTLY REMOVED WHEN THE WORK IS COMPLETED. SIGNS CANNOT BE PLACED WITHIN THE RIGHT-OF-WAY OF ANY STREET.

My signature below certifies that the information above is accurate to the best of my knowledge and that I will comply with the roofing provisions in the IBC 2006. This signature also certifies that if the existing roof is to be removed, I will replace all decayed sheathing that may exist.

APPLICANT SIGNATURE: _____