

# APPLICATION FOR ROOF PERMIT

Township of Upper St. Clair  
1820 McLaughlin Run Road, Upper St. Clair PA 15241  
Phone 412.831.9000 ext. 233 or 263 FAX 412.854.0773  
www.twpusc.org

PERMIT NO. BLD \_\_\_\_\_

I (WE) HEREBY MAKE APPLICATION FOR A ROOF PERMIT TO (check one):

- REPLACE 25% OR MORE OF ROOF AND TEAR OFF EXISTING COVERING  
 RE-ROOF WITH SECOND LAYER

TYPE OF ROOF: (check applicable)

FIBERGLASS  SLATE  CEDAR SHAKE  OTHER  SPECIFY: \_\_\_\_\_

<b>Property Address:</b>	<b>Lot No.</b>	<b>Zoning District:</b>
<b>Owner(s) Name:</b>	<b>Home Phone:</b>	
<b>Address:</b>	<b>Zip:</b>	<b>Work Phone:</b>
<b>Roof Contractor:</b>	<b>Cell Phone:</b>	
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>

## WORKERS COMPENSATION ACT – to be completed by contractor, if not the owner

Contractor, in compliance with Act 44 of 1993, hereby submits: (PLEASE CHECK ONE)

- Certificate of Insurance ( ) Attached ( ) On File
- Certificate of Self-Insurance ( ) Attached ( ) On File
- Affidavit of Exemption ( ) Attached
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as “Executive Employees” under Section 104 of the Workers Compensation Act. Please explain:

**Contractor’s Federal or State Employer ID No. (EIN):**

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

**Contractor’s Signature:**

**Print Name:**

**Print Title:**

**Company Name:**

COMMONWEALTH OF PENNSYLVANIA : SS  
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY

**FEE: \$35.00 FOR 1<sup>ST</sup> \$10,000 estimated value of construction + \$4 for each \$1,000 or portion thereof over \$10,000 (rounded up)  
PLUS \$4.00 PA State Permit Surcharge**

<b>Estimated Construction Cost:</b>	<b>Fee:</b>	<b>Check No. and Bank Name or Cash Receipt No.:</b>
\$ _____	\$ _____ + \$4.00 = \$ _____	_____

**AFFIDAVIT**  
*(A notary is available for no fee at the Community Development office)*

COMMONWEALTH OF PENNSYLVANIA : SS  
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared \_\_\_\_\_, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described property (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for a Fence Permit and this affidavit on behalf of such firm or corporation), that all of the statements contained above are true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Owner's Signature of Affidavit

**(SPACES BELOW FOR OFFICE USE ONLY)**

**PERMIT APPROVED**

**DENIED**

\_\_\_\_\_  
**INSPECTOR**

\_\_\_\_\_  
**DATE**

**FOR FINAL INSPECTION, PLEASE CALL THE BUILDING INSPECTOR'S OFFICE AT 412.831.9000 EXT. 501**

**FINAL TOWNSHIP INSPECTION:**       **PASS**                       **FAIL**

**INSPECTOR'S SIGNATURE:**

**DATE:**