

BOROUGH OF MORTON
500 Highland Avenue
Morton PA 19070
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ROOFING AND SIDING PERMIT APPLICATION

Date _____

Location of Building _____

Owner of Building _____

Contractor Name _____

Contractor Address _____

Project Cost estimate: _____

Contractor Telephone/Pager Number(s) _____

Application is for roof repair ___ new roof/reroof ___ siding ___

Existing roof material: _____

New roof material: _____

Number of roofing layers when permitted work is complete: _____

All work must be done in accordance with local codes. No permit will be issued until a Certificate of Insurance is received by the Borough office.

For office use only

Date received: _____

Contractor License #: _____

Date Certificate of Insurance received: _____

Contractor's Insurance Company _____

Fee: \$ _____ Date Paid: _____ Receipt #: _____

Inspector's Signature: _____