

UPPER SOUTHAMPTON TOWNSHIP
DEPARTMENT OF LICENSE AND INSPECTIONS
939 STREET ROAD
SOUTHAMPTON, BUCKS COUNTY, PENNSYLVANIA 18966
PHONE: 355-0677

APPLICATION FOR CONSTRUCTION PERMIT
FOR INSTALLATION OF ROOFING AND SIDING

PERMIT NO. _____ DATE _____ 19 _____

LOCATION: _____ TAX PARCEL # 48- _____

Present building, how constructed: Masonry _____ Frame _____

How Occupied: _____ No. of storied _____

ROOFING

Style of Roof _____ New roofing _____
(Asphalt, slate, etc.)

SIDING

Area to be covered _____

Material _____

Owner: _____ Estimate cost: _____

Owner's Address and Phone # _____

Misrepresentation in this application will revoke approval. Use of the permit issued upon this application requires strict compliance with all provisions of the Zoning Ordinance and other Township Ordinances previously or hereafter enacted relating to construction, alterations and building use of the property related herein.

Contractor's or Builder's Name 1. _____

Address 2. _____

FEE: Phone No. 3. _____

Bldg. _____

Owner or Agent's Signature

Building Official