REPLACEMENT IN KIND ROOFING CERTIFICATION
REQUIRED BEFORE ISSUANCE OF ROOFING PERMIT IN HISTORIC DISTRICT

☐ WORK LOCATION
STREET ADDRESS ________________________________ BLOCK _____ LOT _______
Approximate date structure was built____________________

☐ WORK DONE BY
[ ] OWNER  [ ] CONTRACTOR  [ ] OTHER
Contractors Name______________________________ Phone____________________
Estimated Start Date___________________ Completion Date____________________

☐ PERMIT APPLICANT INFORMATION
Applicant ________________________________ Applicant Phone ________________
Applicant Address ____________________________ ______________________
Property Owner ______________________ Property Owner Phone _______________
Property Owner Address ____________________________ ______________________

☐ ROOFING MATERIAL BEING USED: (i.e. Wood Shingles, Asphalt Shingles, Slate)
TYPE OF MATERIAL ___________________________
BRAND (if applicable) ___________________________
GRADE (if applicable) ___________________________

APPLICANT: IF MATERIAL BEING INSTALLED IS NOT THE SAME AS CURRENTLY IN USE DO NOT USE THIS FORM. This is a Certification for Replacement in Kind. Please obtain an application for a Certificate of Appropriateness for a change in material.

☐ APPLICANT CERTIFICATION:
Applicant hereby **certifies that material described above is the same as the roofing material being replaced.**

SIGNATURE___________________________DATE__________________________

☐ BUILDING DEPARTMENT
Received and deemed complete by (print)______________________________

SIGNATURE___________________________DATE__________________________

HPAC requests that the Building Department forward the completed copy of this form as well as a copy of the Roofing Permit issued to the HPAC Secretary and the Zoning Officer.