# City of Philadelphia Department of Revenue

## BUSINESS INCOME AND RECEIPTS TAX APPLICATION FOR THE GREEN ROOF TAX CREDIT

Philadelphia Code § 19-2604(8)

#### PLEASE PRINT OR TYPE ALL INFORMATION

APPLICANT'S NAME	
- APPLICANT'S ADDRESS	
	SOCIAL SECURITY NUMBER
ADDRESS LOCATION OF THE PROPOSED GREEN ROOF	
	FAX NUMBER
CONTACT PERSON	- E-MAIL ADDRESS
Projected Costs of the Green Roof:	
Waterproofing Layer	\$,, 0 0
Drainage Layer	\$ _ , _ , 0 0
Root Barrier Layer	\$ , ,
Soil Layer	\$ , ,
Vegetative Layer	\$ , ,

**Total Projected Costs** 

Under the penalties of perjury, I declare that this application is, to the best of my knowledge and belief, true, correct and complete.

\$

0 0

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Applicant's Signature Da	Date
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Please attach a copy of the Building Permit

### APPLICATION FOR THE GREEN ROOF TAX CREDIT

Philadelphia Code § 19-2604(8)

### **Engineer's Report & Certification**

- APPLICANT'S NAME	
Please give the area dimensions and the total square footage.	
Total Square Footage of the rooftop	
Total Square Footage of the proposed Green Roof	

# Please answer yes or no to the following questions and attach a copy of the Building Permit and the Engineer's Report.

Is the condition of the roof satisfactory for the construction of a Green Roof?	YES	NO 🗌
Would the structural capacity of the roof support the proposed Green Roof?	YES	NO 🗌
Is there appropriate and safe access to the roof?	YES	NO 🗌
Is the weight of the proposed Green Roof appropriate for the roof?	YES	NO 🗌
Do the plans include appropriate irrigation and drainage measures?	YES	NO 🗌
r ADDRESS	FAX NUMBER	

E-MAIL ADDRESS
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I certify that the Engineering Study and the attending Engineer's Report was prepared in accordance with the recognized standards and procedures of the profession.

Signature of Enginee	Date
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