

Caroline **Richford**
CODE ENFORCEMENT
 Box 136 - 2668 Slaterville RD
 Slaterville Springs, NY 14881
 (607) 539-6400 Ext. 3
 CodeOfficer@TownOfCaroline.org

RESIDENTIAL RE-ROOFING PERMIT APPLICATION

Property Address: _____ **Tax Parcel #:** _____

OWNER Two officers if a corporation

CONTRACTOR Contact Person

Name		
Mailing Address		
City/State/Zip		
Daytime Phone		
Email		

Description of proposed work: _____

All questions below must be answered – if you answer “NO” to any questions, submit manufacturer’s installation instructions and a detailed scope of work for additional review and approval:

- YES NO** All water soaked, or deteriorated roof coverings will be removed prior to installing new roofing
- YES NO** Existing slate, clay, cement or asbestos-cement tile will be removed prior to installing new roofing OR an exception under R908.3.1 applies
- YES NO** New roof covering, Ice barrier, flashing and valleys will be installed according to the NYS Fire Prevention & Building Code in place at time of application AND manufacturer instructions
- YES NO** The existing roof has less than two layers of any type of roof covering

EXISTING ROOF INFORMATION

Roof Pitch (list all if more than one) _____ / 12	Number of existing layers <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Type of existing roof covering	
Type of existing roof sheathing	
Will all existing layers be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NEW ROOF INFORMATION

Type of material
Manufacturer & trade name
Type of replacement roof sheathing where needed
Type of new ice and water barrier & distance up from eave

Installation in a Manufactured Home (HUD Code)?

No Yes – additional information may be needed

Re-Roofing Permit Photo Inspection Requirements

To simplify the permitting process and allow flexibility in scheduling the work, this permit requires the owner/contractor to self-certify and provide the following photographs:

- Roof BEFORE start of tear-off – one photo of each roof section
- Roof deck after tear-off showing overall condition
- Damaged areas of sheathing before AND after repair
- Ice and water barrier, showing distance from roof edge for each different roof section
- Flashing before covering – step flashing in process if will not be visible before/after
- Shingles showing nailing spacing and location in THREE separate locations – place a tape measure to show the nail spacing across shingle AND from bottom edge of shingle up
- Completed photo of each roof section and drip edges

Proof of insurances required to issue permit:

- Contractor’s General Liability
- Workers Comp., Disability & NYS Family Leave (C-105.2 & DB-120.1). If Exempt CE-200
More info: <http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp>

APPLICATION CERTIFICATION STATEMENT

I am the owner or agent of the owner of the property listed. I hereby apply for a permit to perform the work described in this application and the provided plans, specifications, etc. I will comply with all provisions of applicable ordinances, codes and regulations while performing this work whether specified herein or not.

Any change to this application, plans, specifications or other documents upon which this permit was issued will be filed with the Building Department for approval before such changes are made in the actual work.

I hereby request that all work be inspected and approved by the appropriate inspectors.

I understand that the granting of any permit creates no liability on the part of the Town and, by acceptance of any permit, agree to indemnify and hold harmless the Town from all claims for personal injury and property damage arising from the operations of or construction by permittee.

Owner Signature (REQUIRED) _____ Date _____

Contractor Signature (if applicant) _____ Date _____

What’s next? Your application will be reviewed, and you will be notified if additional information is needed. Your plans will also be reviewed for compliance and you will be advised of any items of concern. Once this is done to the satisfaction of the CEO, a Building Permit will be issued.

FOR TOWN USE ONLY

Application Received date _____ Payment \$ _____ Date _____ Application # _____
Additional information needed to process application?

APPROVED permit # _____ PERMIT DENIED – Attach denial letter