



MAIL TO: **BUILDING DEPARTMENT**
 525 Belmont Avenue, Buffalo, New York 14223, (716) 877-8801, FAX 871-8845
ROOFING/SIDING APPLICATION

Application Date:		Anticipated Start:	
Job Address:			
Property Owner Name:			
Property Owner Address:			
Estimated Cost of Work:	\$		
Contractor:			License #:
Contractor Address:			
Phone Number:			Contact Person:
Building type:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____		
Roofing - Work to be performed: <input type="checkbox"/> Total tear off <input type="checkbox"/> Partial tear off <input type="checkbox"/> Shingle Repair 1.) Sheathing Replacement (Required if existing deck is deteriorated or wood shake shingles) <input type="checkbox"/> 2.) Strip roof materials to existing sheathing <input type="checkbox"/> 3.) Re-roof over one (1) existing layer, contractor shall strip off down to sheathing & install ice shield to code <input type="checkbox"/>			
Roofing materials: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Mineral surface <input type="checkbox"/> Built-up <input type="checkbox"/> Metal - type: _____ <input type="checkbox"/> Other: _____ Manufacturer: _____ Material weight (in pounds per square foot): _____ Wind Rating: _____ MPH Squares (area in 100 sqft): _____ Roof pitch: _____ Gutters & down spouts: _____ ** Ice & weather guard shall be installed following manufactures installation instructions & all applicable Codes of NYS.			
Siding - Description of work to be performed: <input type="checkbox"/> Total tear off <input type="checkbox"/> Partial tear off <input type="checkbox"/> Repair <input type="checkbox"/> Overlay <input type="checkbox"/> Sheathing replacement: _____			
Siding - proposed materials: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Composite Other: _____ Squares (area in 100 sqft): _____ Flashing materials: _____ Trim materials: _____			
Additional Information/restrictions: 1. The contractor is responsible for scheduling inspections - advance notice of 24 hours. 2. Work must be performed in accordance with either the Residential Code of New York State for 1 & 2 family dwellings, or the Building Code of New York State for all other buildings. 3. Contractors shall maintain a current license with the Town of Tonawanda Building Department. 4. The Town of Tonawanda will not pick up any construction debris generated by contractors in connection with any work at this location. Permit holder is required to legally dispose of all debris. 5. Contractors performing work under this application shall comply with the latest version of the Industrial Code Rule 56, Asbestos (Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York).			
Fees: Residential Roofing: \$50.00 Siding: \$50.00 Commercial Roofing: \$75.00		Total Fees: \$ _____ Make Checks Payable to: Town of Tonawanda	
Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations and manufacturer's installation instructions and authorizes the Code Enforcement Officer, his deputy or assistants to enter the premises listed herein at any reasonable time to perform all required inspections of the permitted work.			
Applicant signature: _____		Date: _____	