



BUILDING DEPARTMENT

525 Belmont Avenue • Buffalo, New York 14223

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ROOFING/SIDING APPLICATION

APPLICATION DATE: _____ ANTICIPATED START: _____

BUILDING CLASSIFICATION: RESIDENTIAL COMMERCIAL MULTI-FAMILY (3+ UNITS) OTHER

PERMIT TYPE: ROOFING SIDING

PROJECT ADDRESS: _____ OWNERS PHONE #: _____

PROPERTY OWNER NAME: _____ EMAIL: _____

PROPERTY OWNER ADDRESS: _____

CONTRACTOR: _____ CONTACT NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____ EMAIL: _____

ROOFING: TOTAL TEAR OFF PARTIAL TEAR OFF OVERLAY ONLY REPAIR REROOF

ASPHALT SHINGLE METAL TILE RUBBER SLATE BUILT-UP MINERAL SURFACE OTHER

SQUARES: _____ MATERIAL WEIGHT (LBS PER SQFT): _____ WIND RATING: _____ MPH

ROOF PITCH: _____ DECK MATERIALS: _____

- 1.) SHEATHING REPLACEMENT IS REQUIRED IF EXISTING DECK IS FOUND DETERIORATED OR WOOD SHAKE SINGLES ARE PRESENT.
- 2.) RE-ROOFING ALLOWED WHEN INSTALLING OVER ONLY ONE (1) EXISTING LAYER – MUST ADHERE TO MANUFACTURER’S INSTALLATION INSTRUCTIONS. CONTRACTOR SHALL STRIP OFF DOWN TO ROOF SHEATHING & INSTALL ICE SHIELD TO CODE.
- 3.) ICE SHIELD SHALL BE INSTALLED FOLLOWING MANUFACTURER’S INSTALLATION INSTRUCTIONS & IN ACCORDANCE WITH APPLICABLE VERSION OF THE NYS UNIFORM FIRE PREVENTION AND BUILDING CODE.

SIDING: TOTAL TEAR OFF PARTIAL TEAR OFF REPAIR OVERLAY SHEATHING REPLACEMENT

ALUMINUM STEEL VINYL WOOD OTHER: _____

SQUARES: _____ SIDING INSULATION BOARD: _____

ADDITIONAL INFORMATION / RESTRICTIONS:

- APPLICANT IS RESPONSIBLE FOR SCHEDULING REQUIRED INSPECTIONS – PLEASE GIVE 24 HOURS ADVANCE NOTICE MIN.
- ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE APPLICABLE VERSION OF THE NYS UNIFORM FIRE PREVENTION AND BUILDING CODE.
- ALL CONTRACTORS & SUBCONTRACTORS SHALL MAINTAIN A CURRENT LICENSE WITH THE TOWN OF TONAWANDA BUILDING DEPARTMENT.
- 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.
- APPLICANT AND/OR CONTRACTOR IS RESPONSIBLE FOR CONTACTING NYS DEPT. OF LABOR REGARDING ASBESTOS REGULATIONS AT 716-847-7126.

FEES:

RESIDENTIAL ROOFING: \$50 RESIDENTIAL SIDING: \$50

COMMERCIAL ROOFING: \$100

ESTIMATED VALUE OF THE WORK: _____

TOTAL FEES: \$ _____

PLEASE MAKE CHECKS PAYABLE TO:
TOWN OF TONAWANDA

APPLICANT HEREBY AFFIRMS THAT THEY ARE THE CURRENT RESIDENT OWNER AND/OR IS A REPRESENTATIVE OF THE RESIDENT OWNER AND AGREES THAT ALL WORK PERFORMED UNDER THIS APPLICATION SHALL BE IN ACCORDANCE WITH ALL APPLICABLE CODES, REGULATIONS AND MANUFACTURER’S INSTALLATION INSTRUCTIONS. APPLICANT HEREBY AUTHORIZES THE CODE ENFORCEMENT OFFICER, HIS DEPUTY OR ASSISTANTS ENTRANCE TO THE PREMISES LISTED HEREIN AT ANY REASONABLE TIME TO PERFORM ALL REQUIRED INSPECTIONS OF THE PERMITTED WORK.

APPLICANT SIGNATURE: _____ DATE: _____