

APPLICATION FOR RE-ROOFING PERMIT

TOWN OF CHARLOTTE

8 Lester Street, P.O. Box 482, Sinclairville, NY 14782
Phone: (716) 962-6047 Fax: (716) 962-3843

PLEASE COMPLETE ALL REQUIRED INFORMATION.

(Incomplete applications cannot be processed)

PROJECT LOCATION:

Street Address: _____

Tax Map No.: Section _____ Block _____ Lot _____

Official Use Only

Permit No. _____

Expires: _____

APPLICANT INFORMATION:

APPLICANT: _____ Phone: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

OWNER: _____ Phone: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

PRINCIPAL CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

PROJECT DESCRIPTION: *(Please check all that apply to the project)*

Type of roof: ☐ Asphalt shingle ☐ Copper/Metal ☐ Slate/Tile ☐ Built up membrane ☐ Wood shake

☐ Other: _____

Square footage of roofing to be replaced: _____ sq. ft. Roof pitch: _____

Sheathing to be replaced? ☐ No ☐ Yes If yes, total sq. ft. to be replaced: _____

Structural modifications proposed? ☐ No ☐ Yes (If yes, complete building permit application required.)

Number of roof layers: _____ Existing _____ Proposed (No more than two layers total are permitted)

Cost of construction: \$ _____ Date work to start: _____ End: _____ (est.)

Description of the proposed work: _____

INSURANCE REQUIREMENTS In accordance with Workers' Compensation Law §57 and §220(8)

All permit applications require the following New York State Workers' Compensation Board documents be submitted with the Re-Roofing Permit Application: (All WCB forms are submitted under penalty of perjury.)

BP-1 Form If you are property owner and living at the project address and either performing the work yourself or you will not be hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite), you may submit a copy of this form. If you hire or pay any individuals, you must also submit a current copy of your homeowners insurance policy that is currently in effect and covers the property listed on the building permit. This form may be obtained in the Permit Office or printed at www.wcb.state.ny.us.

- OR -

CE-200 Form If a contractor has been hired and he/she is doing the work is a sole proprietor or a partnership and has no employees, form CE-200 must be filed, for each project. This form may be completed and printed at www.wcb.state.ny.us or by calling (866) 546-9322.

- OR -

If the contractor doing the work hires any part-time or full-time help or leases employees, the following proofs of insurance must be on file with this office naming the Town of Charlotte as the Certificate Holder:

- Certificate of New York State Workers' Compensation Insurance (CE-200, C-105.2, U-26.3 or SI-12)
ACORD forms are not acceptable proof of Workers' Compensation Insurance
- Certificate of Insurance Coverage under the New York State Disability Benefits Law (CE-200, DB-120.1 or DB-155)

PERMIT CONDITIONS:

- The building permit placard **MUST** be displayed in a conspicuous location on the building site until construction is complete and a Certificate of Compliance is issued.
- Any deviation from the approved permit must be approved by the Code Enforcement Officer.
- The work covered by this application shall not be started prior to the issuance of the building permit.

APPLICANT SIGNATURE:

Application is hereby made to the Town of Charlotte for the issuance of a Re-Roofing Permit. To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance will all applicable laws, ordinances and regulations.

Applicant Signature: _____ Date: _____

OFFICIAL USE ONLY

Received: _____ Fee: \$ _____ Cash: _____ Check No.: _____ Permit No.: _____

Zoning District: _____ ZBA Approval: _____ Planning Approval: _____

Approved: _____ Denied: _____ Expires: _____ Certificate of Compliance: _____

Code Enforcement Officer: _____