Property Owner

*Mailing* Address       Email

City       , St    Zip       Phone (     )     -

*Project* Address

[ ]  Roof-over (**over 1 layer only**) or [ ]  Tear-off and re-cover; -and- [ ]  Asphalt shingles or [ ]  Metal

[ ]  Residence or [ ]  Accessory structure (\_\_garage, \_\_barn, \_\_shed, \_\_other) Work start date   /    /

Material & Labor Costs Estimate $       Estimated end date   /    /

Roofing permit application fee: **$30**.00 (Check payable to the *Town of Canadice* or exact cash amount, please)

Contractor

Address       Email

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance [ ]  Yes**\*** **or** [ ]  CE-200 form**\*+** - WC Exemption Certificate; [http://www.**wcb.ny.gov**](http://www.wcb.ny.gov/)

Liability Insurance Certificate [ ]  Yes**\*** **or** [ ]  Not required – *Please indicate why not on the back of this application.*

 **\*** **Permits will NOT be issued without required *current* certificate(s) being submitted with application.**

 **+** The CE-200 WC Certificate of Exemption must also be submitted by **homeowners who are performing the construction themselves**.

Plans by

Address       Email

City       , St    Zip       Phone (     )     -

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ District Tax Map ID#

 Approved Not approved Plans reviewed by Permit #