

TOWN OF NEWFIELD

166 MAIN ST
NEWFIELD NEW YORK 14867
Building Code Enforcement

PERMIT FEE \$45.00

APPLICATION FOR A BUILDING PERMIT RE-ROOFING

NAME OF APPLICANT _____ PHONE _____

OWNER OF PROPERTY _____ PHONE _____

ADDRESS OF OWNER _____ E-MAIL _____

IS PROPERTY UNDER LAND CONTRACT ? YES _____ NO _____

IS THIS PROJECT FOR SOME ONE OTHER THAN THE PRESENT OWNER ? Y _____ N _____

ADDRESS OF PROJECT _____ Tax Map No. _____

NUMBER OF EXISTING LAYERS _____ R VALUE OF EXISTING ATTIC INSULATION _____

CONDITION OF DECKING _____ TRUSS, RAFTER ETC. _____

NOTE: ICE AND WATER SHIELD IS REQUIRED (TO A POINT 2 FEET INSIDE EXTERIOR WALL FROM EVES EDGE)

TYPE COVERING TO INSTALL (ie: METAL, ASPHALT SHINGLE, SLATE, RUBBER ETC.) _____

ESTIMATED START DATE _____ ESTIMATED COMPLETION DATE _____

PLEASE CALL FOR INSPECTIONS LISTED ON PAGE 3

CONTRACTOR _____ PHONE _____

_____ PHONE _____

_____ PHONE _____

**CHECK LIST OF ITEMS TO BE INCLUDED
PERMITS CANNOT BE APPROVED
UNTIL ALL OF THE FOLLOWING INFORMATION IS INCLUDED**

**WORKERS COMPENSATION CERTIFICATE _____ OR EXEMPT FORM _____
*REQUIRED FOR ALL CONTRACTOR(S)***

**WORK MAY BEGIN WHEN THE PERMIT IS APPROVED
PERMITS ARE VOID AFTER SIX MONTHS IF THE WORK DESCRIBED HAS NOT BEEN STARTED**

**ALL PERMITS EXPIRE IN TWELVE MONTHS FROM DATE OF ISSUE
BUT CAN BE RENEWED AT THE CURRENT RATE IF YOUR PROJECT IS NOT COMPLETED**

I have read and understand the application for a Building Permit and I also understand that I must notify the Code Official to arrange for the required inspections. I am the owner or the owner's agent of the property described above and I grant permission to Town Officials to inspect at intervals necessary to insure compliance and issue the final certificate.

All information given herein is correct to the best of my knowledge

Applicant or Agent Signature _____ Date _____

Owner Approval _____ if not applicant Date _____

OFFICE USE

**DATE RECEIVED _____ DATE APPROVED _____ DATE DENIED _____
DENIED UNDER SECTION _____ OF NYS BUILDING CODE
CODE OFFICIAL _____**

TOWN OF NEWFIELD
TOMPKINS COUNTY, NEW YORK 14867
Building Code Enforcement

ROOFING

INSPECTIONS REQUIRED

REMOVAL OF OLD MATERIALS _____
CONDITION OF DECKING _____
ICE AND WATER SHIELD _____ **MANUFACTURES SPECS** _____ **DATE** _____
UNDERLAYMENT _____ **MATERIAL** _____ **DATE** _____
NAILING _____ **PER MANUFACTURERS SPECS** _____ **DATE** _____
INSTALLATION OF VENTS FLASHING AND ACCESSORIES _____ **DATE** _____
INSULATION EXISTING _____ **INSULATION INSTALLED** _____
FINAL APPROVAL DATE _____

SIGNED _____