ROOFING NEW OR REPAIR

PERMIT APPLICATION

TOWN OF CANADICE

APPLICATION FEE: $30.00

You must include construction drawings *in sufficient detail* for the Code Enforcement Officer to determine if your plans would meet New York State Building Code minimum standards. **COMPLETE ALL SECTIONS.**

Property Owner

***Mailing* Address** **Email**

City State Zip Phone

PROJECT ADDRESS

$ Cost - Material & Labor

☐ Residence or ☐ Accessory structure:

Projected start date

☐ Asphalt or ☐ Metal ☐ Roof-over (**over 1 layer only**) or ☐ Tear-off and re-cover

Projected end date

Insurance coverages **Permits will NOT be issued without the required certificate(s) submitted with application.**

☐ Attached or ☐ *Current* certificate previously submitted or ☐ Not required – *EXPLAIN* ___property owner, or ___religious affiliation with similar coverage, or other_____

Contractor's Liability Insurance Certificate

☐ Attached or ☐ *Current* certificate previously submitted or ☐ Exempt: CE-200 form is *attached* (available online *only*)

Workers' Compensation Insurance Certificate

Obtain your *Certificate of Exemption* at **http://www.wcb.ny.gov.**

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

Certificates must name the ***Town of Canadice*** as the "**Certificate Holder**" and may be emailed to **ceo@canadice.org** directly from the insurance carrier.

Contractor Email

Address City St Zip Phone

Note: Any structure costing ***$20,000 or greater*** to build must have a ***stamped blueprint*** submitted with this Permit Application.

Plans drawn by Email

Address 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.

X / /20

PRINT name of owner or agent & **SIGNATURE** **Date**

OFFICIAL USE ONLY

$ / /20

Town Clerk Fee Paid Date

☐ Not approved ☐ Approved

Tax Map Number District **Permit #**

/ /20

Code Enforcement Officer Date

Submit this form with your application and fee to (cash or check payable to the *Town of Canadice*)

Code Enforcement Officer, Town of Canadice
5949 County Road 37, Springwater, NY 14560

08/13/2024