

**TOWN OF HANOVER
DEPARTMENT OF CODE ENFORCEMENT
68 Hanover Street. SILVER CREEK, N.Y. 14136
PHONE: (716) 934-2920 FAX: (716) 934-7991**

BEFORE THE USE / USES DESCRIBED
IN THIS APPLICATION CAN BE
IMPLEMENTED A **CERTIFICATE OF
COMPLIANCE** MUST BE OBTAINED.

TO BE FILLED OUT BY BUILDING INSPECTOR

PERMIT NO. _____ HAMLET _____
PERMIT DATE: _____ PERMIT EXPIRES: _____
ZONING DIST. _____ VALUE OF WORK: _____
APPROVED BY: _____ PERMIT FEE: \$ _____

☐ VARIANCE REQUIRED ☐ GRANTED ☐ DENIED DATE _____
☐ N.O.D.

ROOF REPAIR / RECONSTRUCTION

OWNER: _____ ADDRESS: _____

PHONE _____

LOCATION _____

TAX ID: SECTION _____ BLOCK _____ LOT _____

NAME OF BUILDER: _____

ADDRESS: _____ PHONE: _____

☐ CERTIFICATE OF INSURANCE ON FILE
☐ CERTIFICATE OF INSURANCE NEEDED

DIG SAFELY NEW YORK 1-800-962-7962

IT'S THE LAW CALL BEFORE YOU DIG

**NO BUILDING PERMITS WILL BE ISSUED PRIOR TO APPROVAL OF A SEWER
HOOK-UP PERMIT FROM THE CHAUTAUQUA COUNTY HEALTH DEPARTMENT
OR WHERE APPLICABLE FROM THE TOWN / VILLAGE WATER AND SEWER
DEPARTMENTS. NO EXCEPTIONS!**

NATURE OF PROPOSED WORK:

- | | |
|--|--------------------------------------|
| ☐ CONSTRUCTION OF NEW ROOF | ☐ ROOF REPAIR |
| ☐ ONE STORY | ☐ TWO STORY |
| ☐ NEW PLYWOOD | |
| ☐ ICE SHIELD IS TO BE INSTALLED _____' From Exterior Wall | |

☐ OTHER WORK DESCRIBE:

ROOF:

☐ FLAT ☐ SLOPE /PITCH = ____:12

- | | |
|--|--|
| ☐ ASPHALT SHINGLE | ☐ SINGLE PLY MEMGRANE |
| ☐ ROLLED ROOFING | ☐ CORRUGATED PLASTIC |
| ☐ METAL | ☐ WOOD SHAKE |

I hereby apply under the Zoning Ordinance and the building Code of the Town / Village of _____, New York for a permit to construct or alter a building and / or accessory structures as set forth above, and I certify that the statements herein contained are true or to the best of my knowledge and belief.

Signature of Applicant _____

Address _____ Phone _____

Date _____

The application of the above stated person (s) is hereby

☐ Approved, ☐ Disapproved.

Reasons for disapproval: _____

Date: _____

Hanover Code Enforcement Officer