

Application For Roof Permit

Village of Altamont, 115 Main Street, P.O. Box 643, Altamont, NY, 12009 (518) 861-8554 fax: (518) 861-5379

* Application may not be accepted unless all related items (bold print) are completed by applicant/owner.

Date: _____ **PERMIT #** _____ **PERMIT FEE:\$** _____

Tax Map Number # _____ **PERMIT EXPIRES:** _____

ALL PERMITS REQUIRE: ICE BARRIER INSPECTION and a FINAL INSPECTION

ADDRESS OF PROPOSED WORK: _____

PROPERTY OWNER: _____

ADDRESS: _____ **PHONE#** _____ \

CONTRACTOR: _____ **PHONE#** _____

ADDRESS: _____

Contractor's Workers Comp. _____

NATURE OF PROPOSED WORK/DISPOSAL:

- Removal of old shingles: _____
- Site where roofing materials will be disposed: _____
- Replacing Plywood: _____
- Attic Ventilation: _____
- Other: _____

AFFIDAVIT

Village of Altamont

County of Albany ss.

State of New York

I swear or attest that to the best of my knowledge and belief the statements in this application, are true and complete for all proposed work to be done on the described premises and that all provisions of The Codes of The State of New York and the Village of Altamont and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature Owner, _____

Signature Contractor, _____

Dated _____

OWNERS SIGNATURE MUST BE NOTARIZED

Sworn to before me this _____ day of _____ 20_____

Signature of Notary _____

NOTARY PUBLIC, ALBANY COUNTY, NEW YORK

BUILDING INSPECTOR: _____

DATE: