

# TOWN OF STILLWATER



ESTABLISHED 1788 - SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

Box 700, STILLWATER, NY 12170 (518) 664-6148  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

## **RE-ROOFING PERMIT** **APPLICATION**

(submit with a minimum of 2 sets of construction documents, including specifications as applicable)

**PERMIT FEE \$100.00**

For Official Use Only

### Property Information:

ZONING DISTRICT:  RR  LDR  RM  RRD  B1  B2  BP  ID   
 PDD  MU  Rt 67 WEST T 2  T 3 G  T 3 N  T 4  T 5

ADDRESS OF SITE: \_\_\_\_\_ Tax Parcel ID: \_\_\_\_\_

PROJECT/SUBDIVISION NAME (IF APPLICABLE):  
\_\_\_\_\_

LEGAL ADDRESS ASSIGNED \_\_\_\_\_

OWNER/APPLICANT: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTRACTOR/BUILDER: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_

EMAIL \_\_\_\_\_

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY APPLICANT AND SHALL BE THE BASIS OF ANY ADMINISTRATIVE DECISIONS OF THE TOWN DEPT. OF BUILDING, PLANNING & DEVELOPMENT**

**Proposed Building Information:**

TYPE OF BUILDING: RESIDENTIAL COMMERCIAL

SQUARE FOOTAGE OF ROOF TO BE REPLACED \_\_\_\_\_

EXISTING ROOF TYPE: \_\_\_\_\_

NEW ROOF TYPE: \_\_\_\_\_

PROVIDE MATERIALS LIST AS NEEDED ON ADDITION SHEETS:

**Owner / Applicant plan changes and changes during construction**

Project changes and revisions made by the owner or the owner's contractor(s) after the issuance of a building permit that are inconsistent with the permitted set of drawings and specifications may, at the discretion of the Code Enforcement Official, require written approval by the appropriate design professional(s) and a submittal of revised, dated, stamped and sealed plans. Approval must be granted prior to the accomplishment of the work or the issuance of a Certificate of Occupancy.

**Authorization to Act as Agent for:**

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
Signature Number Street

TAX ID: \_\_\_\_\_, hereby designate, \_\_\_\_\_  
Section Block Lot Printed Name of Agent

as my agent regarding this application for review.

**\*\*\*PLEASE NOTE\*\*\* THE TOWN OF STILLWATER HAS THE RIGHT TO INSPECT THE PREMISIS AS NEEDED WITH THE INSSUANCE OF A PERMIT.**

I have read and understand the application process described herein and I am responsible for the accuracy of the information requested and provided above.

\_\_\_\_\_  
APPLICANT / OWNER SIGNATURE

\_\_\_\_\_  
DATE

Note: New York State mandates that the Town be provided proof of General Liability Insurance and Workers Compensation before a building permit is issued. See Town's Insurance Requirements.

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**Application: Approved By:** \_\_\_\_\_  
**Denied** Building Inspector/Code Enforcement Date

**If approved, permit will expire on:** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

**If denied, bases for denial:** \_\_\_\_\_ Date \_\_\_\_\_



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PO Box 700 ~ 881 Hudson Ave., Stillwater, NY 12170 ~ (518) 664-6148 ~ www.stillwaterny.org

## Certification of Placement Of Ice and Water Protection (Barrier)

Job Site Address \_\_\_\_\_

Building Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and state:  
*Owner or Contractor – Print Name*

I hereby certify to the Town of Stillwater, that as required by the Residential Code of New York State (section 905.1.2) or the Building Code of New York State (section B1507.1.2), an approved underlayment (typically at least two layers cemented together or a self-adhering polymer modified bitumen sheet) has been placed extending from the eave's edge to a point at least 24 inches (610mm) inside the exterior wall line of this building, in accordance with applicable code(s) and/or as specified by the licensed professional responsible for the building plans. Note that typically 2 rows @ 3 feet are the minimum requirement. Roofing materials installed per manufacturer's instructions.

\_\_\_\_\_  
*Signature of owner or Contractor*

\_\_\_\_\_  
*Date of Signature*

### NOTARY

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 202\_\_

\_\_\_\_\_  
**Public Notary**

Town Supervisor  
Edward D. Kinowski

Town Clerk  
Danielle Cowin

Town Board Members  
Artie Baker - Chris D'Ambro  
Ellen Vomacka - Valerie Masterson  
Superintendent of Highways  
Matt Harris

Attorney  
James P. Trainor Law, Esq.,  
Trainor, Pezzulo & DeSanto PLLC

Engineers  
LaBella Associates