

APPLICATION FOR ROOF PERMIT

TO BE COMPLETED BY APPLICANT

VILLAGE OF ALLEGANY

Name of Applicant: _____

Job Site: _____

TO BE COMPLETED BY INSPECTOR

Permit: Issued on ____/____/____ Expires ____/____/____ **PERMIT #** _____

Estimated Construction Value: _____ Contractor: _____

Name of Owner: _____

Shingles

Mailing Address: _____

Metal

_____ Zip _____

Strip to Decking

Phone: _____

One Over

Fee: **\$50.00**

Receipt# _____

Check Number: _____ Money Order: _____

Cash: _____

Fee must be remitted at time application is made.

Applicant

Inspector

APPLICANT HAS BEEN MADE AWARE THAT NEW YORK STATE REQUIRES AN ASBESTOS SURVEY PRIOR TO ANY WORK PERFORMED. _____

INITIAL

Village of Allegany, 106 East Main Street, Allegany, NY 14706