

# VILLAGE OF SIDNEY

## ROOF PERMIT

PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE EXPIRE \_\_\_\_\_

APPLICATION NO \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

FEE AMOUNT \_\_\_\_\_

<b>Job Address:</b>			
Property Owner Name:		Phone: (Property Owner)	
Property Owner Address: <small>*(If Different From Job Address)</small>			
<b>Contractor:</b>			
Address:			
Phone:		Contact Person:	
Estimated Value of the Work: \$		Date of Installation:	
<b>(Note: all materials must be installed in accordance with the Code and Manufacturers installation instructions)</b>			
<b>ROOFING</b> <b>Ice &amp; Water Shield Required</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Total tear-off <input type="checkbox"/> Overlay only (2 layers maximum) <input type="checkbox"/> Partial tear-off _____ <input type="checkbox"/> Repair	# Squares _____ <small>(Area in 100 sq ft)</small>  Roof Pitch _____ <small>(ex. flat*, 1/12, 5/12)</small> <small>*minimum slope ¼ in. per ft</small>	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Metal <input type="checkbox"/> Mineral-surfaced <input type="checkbox"/> Rubber <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Other _____	<b>Material:</b> Manufacture _____  Weight _____ lbs <small>(in lbs per square)</small> Deck Material _____ <small>(ex. Plywood, tongue &amp; groove)</small>

CODE OFFICAL SIGNATURE \_\_\_\_\_