



ROOFING PERMIT APPLICATION

VILLAGE OF BERGEN

11 North Lake Avenue, PO Box 100, Bergen, NY 14416
Phone: (585) 494-1513 Fax: (585) 494-1730

PLEASE COMPLETE ALL REQUIRED INFORMATION

(incomplete applications cannot be processed)

PROJECT LOCATION:

\$50 Roofing permit fee

Street Address: _____

Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Email: _____

PROJECT DESCRIPTION: *(Please check all that apply to the project)*

Scope:

Material:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Total tear-off | <input type="checkbox"/> Asphalt shingle | <input type="checkbox"/> Membrane |
| <input type="checkbox"/> Overlay only (2 layers max) | <input type="checkbox"/> Metal/Cooper | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Partial tear-off | <input type="checkbox"/> Slate/Tile | |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Wood Shake | |

Ice & Water Shield Required

Square footage of roofing to be replaced: _____ sq. ft. Roof pitch: _____

Structural modifications proposed? No Yes (If yes, building permit application required)

Project Cost: \$ _____ Date work to start: _____ End: _____ (est.)

Proposed location for disposal of debris: Landfill – Location _____ Permit # _____

Other _____

Additional information on work:

DIRECTIONS:

1. Requests for inspection must be made in advance.
2. The contractor is responsible for scheduling the inspections. If the contractor does not schedule the inspection in a timely matter the property owner will ultimately be held responsible.
3. Work must be in accordance with either the 2020 Residential Code of New York State for 1 or 2 family or attached single dwellings, or the 2020 Building Code of New York State for other buildings.
4. Note that compliance with Industrial Code Rule 56, ASBESTOS is required. (Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York)
5. Contractors must provide proof of Worker's Comp & NYS Disability Insurance2

Signature: _____

Printed Name: _____

Code Enforcement Officer: 585-331-6162

Village of Bergen website: www.villageofbergen.com