

# TOWN OF ELLICOTT

Ellicott Administration Building – 215 South Work Street – Falconer, NY 14733  
Phone 716-665-5317 – Fax 716-488-1160 – Email: [code@townofellicott.com](mailto:code@townofellicott.com)

## ROOFING PERMIT APPLICATION

Property Street Address: \_\_\_\_\_

Tax Parcel Number (SBL): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant: (other than owner) \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Contractor: \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Proposed Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Square Footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Total Estimated Cost \$ \_\_\_\_\_

Number of existing Layers of roofing on building (TWO MAXIMUM ALLOWED) \_\_\_\_\_

Roofing Material \_\_\_\_\_

Ice and Water Shield Locations \_\_\_\_\_

## DECLARATION

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Under penalty of perjury, I swear that to the best of my knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be completed on the described premises and that all provisions of the NYS Building Codes and the Town of Ellicott Zoning Codes 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 property owner.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

1. The permit placard MUST be displayed in a conspicuous location on the building site until re-roofing is complete and a Certificate of Compliance is issued.
2. Final inspection when all required work is completed.
3. The work covered by this application shall not start prior to the issuance of the re-roofing permit.
4. If you have any questions or to schedule an inspection you may call the code enforcement office at 665-5317 Extension 209

### LIST OF DOCUMENTS REQUIRED FOR APPLICATION REVIEW/APPROVAL:

1. A FULLY COMPLETED ROOFING PERMIT APPLICATION
2. Document that defines the complete scope of work to be completed. This could include, but not be limited to, a quote or signed contract with the contractor performing the work. This document shall include information such as: deck repair or replacement, underlayment material, valley material, ice and water shield locations, roofing material (ex. 30yr architectural asphalt shingles, EPDM membrane), venting (ex. Ridge/soffit - gable end - power – gravity), and total cost.
3. Worker's Compensation Document – ALL PERMITS REQUIRE ONE OF THE FOLLOWING FIVE NYSWCB DOCUMENTS TO BE SUBMITTED PRIOR TO THE APPROVAL OF A BUILDING PERMIT. All NYSWCB forms are submitted under penalty of perjury, a felony carrying a penalty up to four years in prison.
  - a) **BP-1 Form** If ALL work is being done by homeowner – NO contractors working on the project (40 hour rule). Form can be printed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)
  - b) **CE-200 Form** Exemption for sole proprietor contractor that is not required to carry worker's comp. Not a waiver of worker's compensation (does not apply to sub-contractors) Form can be completed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or call 866-546-9322
  - c) **C-105.2 Form** For contractor's covered by private NYS licensed insurance carriers.
  - d) **U-26.3 Form** For businesses insured by the NYS insurance fund.
  - e) **DB-120.1 Form** For businesses with Certificate of Disability Benefits (DB-155 self insurance)