

TOWN OF LONG LAKE

Harry D. Buxton CODE ENFORCEMENT OFFICER PO BOX 307 Long Lake, NY 12847-0307 (518) 624-2009



ROOFING PERMIT APPLICATION

Date		•
Name of applicant		
Name of applicantApplicants home phone number		
Applicants business phone number		
Applicants address		
Name of homeowner		
Tax Map Number of Property *Required Information to process this app		(found on your tax bill
regamed implimation to blocess this app	nication)	
Location of property, use landmarks, name	s of neighbors	
Owners mailing address_	MACO	
Owners summer address		
Owners phone number		
Contractors name		The spiritual of the sp
Address		
Business phone number	Home phone nun	nber
*Contractors workman's compensation policity *Required Information to process this perrior his personal residence.)		Effective date
Requirements: R707 & 1510 NYS Building roofs. New roof coverings shall not be in where any of the following conditions ex	nstalled without first ren	sus <u>Replacement</u> of existing noving existing roof coverings
1 Where existing covering is water-soaked covering is not adequate as a base for additional covering is not additional covering in the covering additional covering and covering a covering and covering a covering a covering a covering and covering a	or has deteriorated to the tional roofing.	point that the existing roof
2 Where existing roof covering is wood shak	ce, slate, cement or asbes	tos-cement tile.
3. Where existing roof has two or more appli	ications of any type of roo	f covering.
Project information		
Number of roof coverings on structure	_	
will be recovering replacing	this roof.	•

I will be	will not be	replacing the roof decking.	(check one)	
I will be	will not be	replacing the roof rafters.	(check one)	
List type of installed	<u> </u>	nderlayment, ice shield, flashing	ı, decking rafters	etc. that will be
	DING INSPECTOR INFORMATION.	HAS THE RIGHT TO REQUES		VD OR MORE
and is duly contained in the manner New York S	authorized to perfo n this application and set forth in the app State Uniform Build	Is the applicant, or the said work and to make/fire true to best knowledge and be blication and specifications filed ing and Fire Prevention Code, As of Health rules and regulations	ile this applicatio elief, and all worl therewith, and ir Adirondack Park	n; that all statements k shall be performed in compliance with the
Signature o	of applicant:		***************************************	And the second s
Mail permit	to? Owner	: agent contra	ector:	