



Permit # _____

TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757

Phone: (716) 753-7342 ~ Fax: (716) 753-5239

ROOF PERMIT APPLICATION

Project Location

Number and Street Address: _____

Tax Map Number: SEC _____ BLK _____ LOT _____

Commercial/Residential: _____

Owner Information

Owners Name: _____

Address of owner: _____

Contact Number: _____

General Contractors Information

Name _____

Address: _____

Phone: _____ Insurance Certificate Information on file will submit

*Proof of NYS Workers Comp, Liability & Disability Insurance must be submitted before Permit will be issued

Proposed Work:

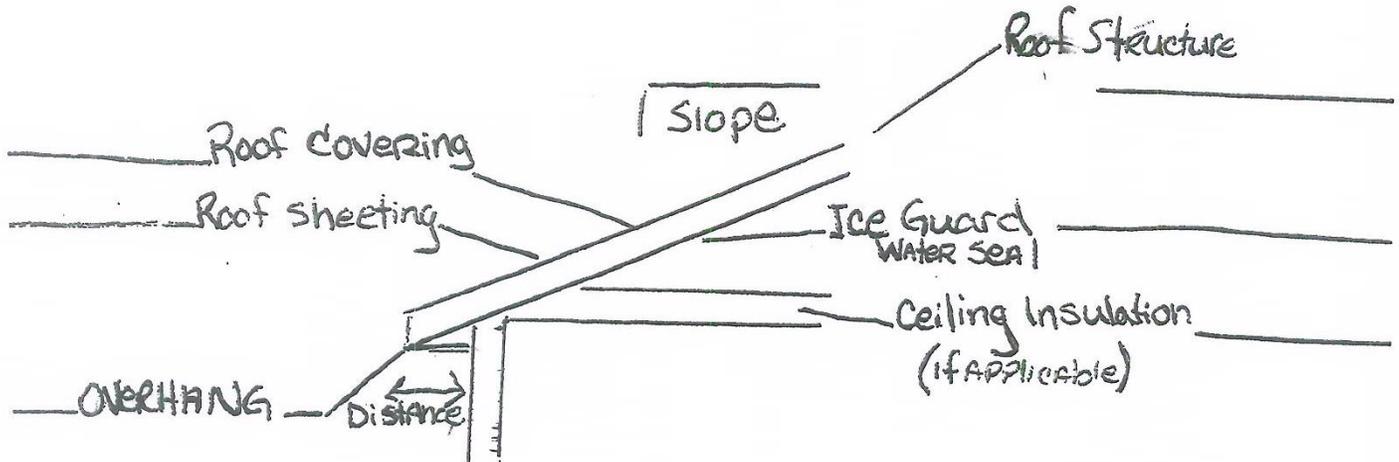
Roof Location (ie: porch, house, garage) _____ Building Area (Sq ft) _____

Removal of Existing Roof Material: Age _____ Abatement required -Yes or No

Location Debris to be taken: _____

Check all applicable Complete Remove/Replace Patching Shingle Replacement New Decking

*Please note that any structural changes will require stamped drawings/stamped Truss Plans.



Estimated Cost of Construction: \$ _____ Date of Construction: _____

X _____
 APPLICANT SIGNATURE DATE

**AFFIDAVIT THAT WORKER'S COMPENSATION
AND DISABILITY BENEFITS ARE NOT REQUIRED**

**STATE OF NEW YORK
COUNTY OF CHAUTAUQUA**

_____, Being duly sworn, deposes and says:
(APPLICANT'S NAME)

An application has been submitted for work At _____
(SITE LOCATION)

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE

1. I *HAVE* engaged _____ with offices at
(CONTRACTOR)

(BUSINESS ADDRESS)

(PHONE)

To construct _____
(TYPE OF WORK)

Contractor Does have Employees residing in New York.*

Contractor Does not have any Employees residing in New York.**

*Above contractor must Carry Current NYS Workers Comp & DBL Ins.

**NYS Waiver (Form CE-200) must be obtained online @ www.wcb.ny.gov/

Contractor Signature _____ **Date** _____

-OR-

2. I *HAVE NOT* engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work related to the requested Building Permit.

I will be doing the work personally without employing any employees.

The work will be performed by _____
I have a Homeowner's policy that is currently in effect and covers the property AND will supply the appropriate Worker's Compensation and Disability for hired employees for the site specified on the Building Permit application.

I make this affidavit knowing that it will be relied upon the Building Inspector in insuring compliance with section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

Owner Signature _____ **DATE** _____