



RE-ROOF PERMIT APPLICATION

***If the property is located in a Preservation District, is a Landmark or a Designated Building of Historical Value do not complete this form. Instead you must contact Zoning staff at the Permit Counter, Room 121B or by calling 311.**

***AT THE TIME OF APPLICATION YOU MUST PROVIDE NYS WORKERS COMPENSATION OR WAIVER*.**

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME: _____ PHONE: _____

CONTRACTOR NAME: _____ PHONE: _____

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

What is the existing roof material: _____ Will this material be removed? _____

What is new roof material? _____ Estimated cost of project? _____

ANSWER ALL OF THE FOLLOWING:

All water soaked roof coverings will be removed prior to installing new roof covering: Yes No

Any deteriorated sheathing will be replaced prior to installation of new roof covering: Yes No

Existing roof coverings consisting of wood shake or shingle, slate, clay, cement or Asbestos cement tile will be removed prior to installing new roof covering: Yes No

Existing roof coverings will be removed prior to installing new roof covering where the existing roof has two or more applications of any type of roof covering: Yes No

New roof covering, Ice barrier, Flashing and Valleys will be installed in accordance with the New York State Uniform Fire Prevention and Building Code: Yes No

If you answered "no" to any of the above questions you must submit the manufacturer's installation instructions and a detailed scope of work for additional review and approval.

I, the undersigned certify that all work will be performed in accordance with the Manufacturer's installation instructions and in compliance with the NYS Uniform Fire Prevention and Building Codes and understand that debris removal is the responsibility of the Owner/Contractor. The City of Rochester will not collect roofing debris placed at the street side.

SIGNATURE

DATE

