

**TOWN OF CONCORD  
DEPARTMENT OF CODE ENFORCEMENT  
86 FRANKLIN ST., SPRINGVILLE, NY 14141  
PHONE: (716) 592-4946 FAX: (716) 794-3382**

**ROOF PERMIT APPLICATION**

PERMIT NO. _____	"NON-REFUNDABLE"
PERMIT DATE: _____	PERMIT FEE: <b>\$75.00</b>
PAID\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____	RECEIVED: _____ BY: _____
ZONING DIST. _____	VALUE OF WORK: _____

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_

LOCATION \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SBL#: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CERTIFICATE OF INSURANCE ON FILE? YES \_\_\_ NO \_\_\_

CERTIFICATE OF INSURANCE NEEDED? YES \_\_\_ NO \_\_\_

**NATURE OF PROPOSED WORK:**

- CONSTRUCTION OF NEW ROOF
- CONSTRUCTION OF ROOF REPAIR
- ONE STORY
- TWO STORY
- NEW PLYWOOD

ICE SHIELD IS TO BE INSTALLED \_\_\_\_\_

**ROOF:**

- |  |  |
|--|--|
| <input type="checkbox"/> ASPHALT SHINGLE | <input type="checkbox"/> SINGLE PLY MEMGRANE |
| <input type="checkbox"/> ROLLED ROOFING  | <input type="checkbox"/> CORRUGATED PLASTIC  |
| <input type="checkbox"/> METAL           | <input type="checkbox"/> WOOD SHAKE          |

Date: \_\_\_\_\_

\_\_\_\_\_  
**Jeffrey Singleton / Code Enforcement Officer**