

Town of Schodack
Building Department
265 Schuurman Road
Castleton, NY 12033
Telephone: (518) 477-7940
Fax: (518) 477-7983

ROOFING, SIDING & WINDOWS REPLACEMENT

Date: _____

Permit # _____

Applicant Name: _____

Address: _____

Fee: _____

Phone Number: _____

Check All that Apply:

Owners Name: _____

Roof _____

Address: _____

Siding _____

Phone Number: _____

Windows _____

Other (explain)

General Contractor: _____

Tax Map Number: _____

* You can get this off your tax bill

Estimated Cost of Project: _____

Name of Insurance Carrier: _____

(Please submit Insurance Certificate)

Date: _____

Applicants Signature

Approved By: _____

Date

*****Required for ALL permits*****

- Application filled out & signed –Must submit all required information – See Below**
- Insurance Certificate & Proof of Workers Compensation**
- Disposal Plan for Debris** _____

Roof

- What is being taken off? _____
- List of Items being used
 - Felt Paper _____
 - Ridge Vent _____
 - Soffit Vents _____
 - Ice Protection _____
 - Flashings _____
 - Drip Edge _____
 - Shingles _____

Replacing Windows

- Energy Requirements
- Light & Ventilation
- Egress
- Structural changes if any

Siding

- House Wrap
- Siding _____