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:
Roof _____
Siding _____
Windows _____
Other (explain)
_____

Owners Name:_____
Address:_____
Phone Number:_____

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 _____