



# ROOF, WINDOW & SIDING PERMIT APPLICATION

## Town of Schodack

Building Department  
Town Hall 3rd Floor, 265 Schuurman Rd.  
Castleton, NY 12033

Town Supervisor  
David B. Harris

Phone (518) 477-7940  
Fax (518) 477-7983  
www.schodack.org

Permit No. \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Roof, Window & Siding Permit pursuant to the N.Y.S. Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

APPROVED / DENIED

OFFICE USE ONLY

## ADDRESS OF SUBJECT PROPERTY

Number Street City State Zip

Tax Map No. (Required - This can be found on your Tax Bill) \_\_\_\_\_

Zoning District \_\_\_\_\_ Lot Size \_\_\_\_\_ Occupancy Classification \_\_\_\_\_ Commercial ☐ Residential ☐

Specify Work  
To Be Done \_\_\_\_\_

Existing Use \_\_\_\_\_ Intended Use \_\_\_\_\_

Estimated Cost of Construction \_\_\_\_\_ Floor Area of Construction (Sq. Ft.) \_\_\_\_\_

Applicants  
Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address  
Number Street City State Zip

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Property Owner(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address  
Number Street City State Zip

General Contractor \_\_\_\_\_

Address  
Number Street City State Zip

Phone (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

THE GENERAL CONTRACTORS CURRENT CERTIFICATE OF WORKERS COMPENSATION (form C-105.2, U26.3 or CE-200) AND GENERAL LIABILITY INSURANCE (ACCORD Form) ARE REQUIRED TO BE ON FILE (Town of Schodack will be certificate holder) WITH THIS OFFICE PRIOR TO ISSUANCE OF A BUILDING PERMIT

IF WORK IS DONE BY THE HOME OWNER, THIS OFFICE REQUIRES A COPY OF THE DECLARATION PAGE FROM THE HOME OWNERS INSURANCE POLICY

OFFICE USE ONLY

Fee Amount \$ \_\_\_\_\_ Date Paid / Check Number \_\_\_\_\_

Application of \_\_\_\_\_ Dated \_\_\_\_\_

Is hereby Approved ☐ Denied ☐

Reason for DENIAL of permit \_\_\_\_\_

Proposed Use \_\_\_\_\_

Date \_\_\_\_\_

Code Enforcement Official \_\_\_\_\_

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE ISSUED



# INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Town of Schodack Building Department.
2. This application must be accompanied with the **Certificate of Liability Insurance** as well as **Proof of Workers Compensation**.
3. For **New Roof**, this application must be accompanied by:
  - A) Two sets of plans for any Structural Changes (if applicable).
  - B) Type of material being removed \_\_\_\_\_
  - C) Lists of items being applied, including but not limited to:
    - Felt Paper \_\_\_\_\_
    - Ridge Vent \_\_\_\_\_
    - Soffit Vents \_\_\_\_\_
    - Ice Protection \_\_\_\_\_
    - Flashings \_\_\_\_\_
    - Drip Edge \_\_\_\_\_
    - Roof Material (Shingle, metal roof, etc.) \_\_\_\_\_
    - Other \_\_\_\_\_
4. For **Windows**, this application must be accompanied by documentation indicating:
  - A) Two sets of plans for any Structural changes (if applicable).
  - B) Light & Ventilation Requirements.
  - C) Energy Requirements for the replacement windows.
  - D) Egress Requirements for Sleeping Room Windows. (5.7 Square Feet Minimum)
  - E) Tempered Glazing Requirements for Hazardous Locations.
5. For **New Siding**, this application must be accompanied by:
  - A) Description of the Exterior Covering \_\_\_\_\_
  - B) Description of the Vapor Retarder \_\_\_\_\_
6. The work covered by this application SHALL NOT commence before the issuance of a Building Permit.
7. Upon approval of this application, this Building Department will issue a Building Permit to the applicant. Such permit and Approved Plans shall be kept on the premises and be available for inspection throughout the progress of the work.
8. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be predicated on the extent of the variation from the original plans.

## INSPECTION SCHEDULE

**All Inspections Require 24 Hours Notice**

You must call the Town of Schodack Building Department (518) 477-7940 for the following required inspections. Any work covered or concealed before inspection and approval shall be exposed for inspection at the applicants expense.

1. **Framing Inspection (if applicable)** before closing of any of the frame work.
2. **Insulation Inspection (if applicable)**
3. When all work is completed, a **Final Inspection** of the Site, Building and Work Done is Required.

### TO WHOM IT MAY CONCERN:

Please be informed that in reviewing building plans, all information is taken from the plans. Any changes, after the plans have been accepted, must be reviewed by the Building Inspector. This Department shall expect, upon completion, to find the structure as the plans show.

Date \_\_\_\_\_

\_\_\_\_\_  
(Applicant)

**In addition, under Town Code 90-4 (J), the Building Inspector has the right to revoke the permit if construction is not prosecuted in accordance with the application and applicable law.**