

2020 ROOFING/SIDING PERMIT QUICK PERMIT

MAKE CHECKS PAYABLE TO: TOWN OF AMHERST
 AMHERST BUILDING DEPARTMENT | 5583 MAIN ST. | WILLIAMSVILLE, NY 14221
PERMIT MUST BE PROCESSED PRIOR TO STARTING WORK

Job Address:			
Property Owner Name:		Phone:	(Property Owner)
Property Owner Address:	*(If Different From Job Address)		
Contractor:		Reg #:	
Address:		Reg	Expiration:
Phone:		Email:	
Estimated Value of the Work:	\$	Date of Installation:	

(Note: all materials must be installed in accordance with the Code and Manufacturers installation instructions)

ROOFING Ice & Water Shield Required <input type="checkbox"/> Residential (fee \$75.00) <input type="checkbox"/> Commercial (\$0.05/SF \$75 min)	# Squares _____ (Area in 100 sq ft)	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Metal <input type="checkbox"/> Mineral-surfaced <input type="checkbox"/> Rubber <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Other _____	Material: Manufacture _____ Warranty _____ Wind Rating _____ MPH (per ASTM D 3161) Weight _____ lbs (in lbs per square) Deck Material _____ (ex. Plywood, tongue & groove)
<input type="checkbox"/> Total tear-off <input type="checkbox"/> Overlay only (2 layers maximum) <input type="checkbox"/> Partial tear-off _____ <input type="checkbox"/> Repair	Roof Pitch _____ (ex. flat*, 1/12, 5/12) *minimum slope 1/4 in. per ft		
SIDING <input type="checkbox"/> Residential (fee \$50.00) <input type="checkbox"/> Commercial (\$0.025/SF \$75min)	# Squares _____ (Area in 100 sq ft)	<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Veneer _____ <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	Material: Manufacture _____ Warranty _____ Insulation Board (R value) _____
<input type="checkbox"/> Total Replace <input type="checkbox"/> Overlay <input type="checkbox"/> Partial Replace _____ <input type="checkbox"/> Repair			

Additional Information/restrictions: _____

REQUESTS FOR INSPECTION MUST BE MADE IN ADVANCE

I, the undersigned property owner or authorized agent of the owner, am familiar with the requirements of the Workers Compensation Law and declare that (check the following): <input type="checkbox"/> I have filed the required proof as affirmed by my insurance carrier. <input type="checkbox"/> I have no people working directly for me and therefore require no Workers Compensation Insurance. Should there be any change in my status during the exercise of this permit, I will so advise the Building Department and comply with all requirements.	In consideration of granting this permit, the undersigned property owner or authorized agent of the owner hereby agrees to comply with the terms thereof, the Laws of the State of New York, the Ordinances of the Town of Amherst and the regulations of the various departments of the Town, County of Erie and the State of New York, request all necessary inspections and authorize and provide a means of entry to the premises for the Inspector. Furthermore, the undersigned property owner or authorized agent of the owner has read and will comply with these conditions. The undersigned property owner or authorized agent of the owner hereby certifies that all of the information in this petition is true and correct.	PERMIT #
PERMIT FEE: \$ _____ Make checks payable to: Town of Amherst (No cash)	X	
TOWN CLERK RECEIPT OF FEE: Receipt is hereby acknowledged of the sum of \$ _____ being the permit fee established by the Town Board of the Town of Amherst, NY. Town Clerk	Registered Applicants Signature BUILDING DEPARTMENT APPROVAL: I do certify that a Code Enforcement Official has examined the foregoing application and supporting documentation and to the best of his/her knowledge has determined that they conform to the Ordinances of the Town of Amherst. Building Commissioner	
Issue Date: This permit expires six months from date of issue if work has not commenced.	NOTICE CONDITIONS, INSTRUCTIONS & REQUIRED. INSPECTIONS The Building Department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the department in accordance with the requirements of the various codes. Reasonable, safe access must be provided to all areas of the work. ALL REQUESTS FOR INSPECTION MUST BE MADE 24 HOURS IN ADVANCE	

DIRECTIONS:

1. The contractor is responsible for scheduling the inspections. If the contractor does not schedule the inspection in a timely matter the property owner will ultimately be held responsible.
2. Work must be in accordance with either the Residential Code of New York State for 1 or 2 family or attached single dwellings, or the Building Code of New York State for other buildings.
3. Note that compliance with Industrial Code Rule 56, ASBESTOS is required. (Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York)
4. Contractors must provide proof of Worker's Comp & NYS Disability Insurance

New York State Department of Labor Regulations

Excerpt from Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York
ASBESTOS (INDUSTRIAL CODE RULE 56)

56-5.1 Asbestos Survey Requirements for Building/Structure Demolition, Renovation, Remodeling and Repair

- (a) **Asbestos Survey Required.** An owner or an owner's agent, except the owner of one and two-family dwellings who contracts for, but does not direct or control the work, shall cause to be conducted, an asbestos survey completed by a licensed asbestos contractor using inspectors certified in compliance with Section 56-3.2(d), to determine whether or not the building or structure, or portion(s) thereof to be demolished, renovated, remodeled, or have repair work, contains ACM, PACM or asbestos material. This asbestos survey shall be completed and submitted as indicated in Subdivision (g) of this Section, prior to commencing work. All such asbestos surveys shall be conducted in conformance with the requirements of Subdivision (e) of this Section.
- (b) **Exemptions To Asbestos Survey Requirements:** The asbestos survey required by this Subdivision (a) of this Section shall not be required for the following classes of buildings or structures:
 - (1) an agricultural building;
 - (2) buildings or structures for which original construction commenced on or after January 1, 1974;
 - (3) A structure certified in writing to be structurally unsound by a licensed Professional Engineer, Registered Architect, Building Inspector, Fire Inspector or other official of competent jurisdiction. (See Section 56-11.5)

WORKER'S COMPENSATION LAW

Section 57 (Effective July 1, 1922)

Restriction on issue of permits unless compensation is secured. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

Section 220, Subdivision 8 (Effective July 1, 1966)

The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined by this article, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

ROOFING					Insp. #	Date	Notes
Roofing work performed	Total Tear-off	Overlay	Partial Tear-off	Repair			
Shingle Type							
Water & Ice Shield	Ft.						
Ridge Vent	Yes		No				
Louver Vent	Yes		No				
Soffit Vents	New		Existing				
Chimney Flashing	New		Existing				
Chimney Cricket	Yes		N/A				
Roof Type (Gable, Hip, Mansard, etc)							
Job Completed upon arrival <i>Without Inspections</i>	Yes						
Final Inspection							
SIDING work performed	<input type="checkbox"/> Total Replace	<input type="checkbox"/> Overlay	<input type="checkbox"/> Partial Replace	<input type="checkbox"/> Repair			
Material Type							
Vapor Barrier type							
Job Completed upon arrival <i>Without Inspections</i>	<input type="checkbox"/> Yes						
Final Inspection							