

# APPLICATION FOR ROOF PERMIT

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**TO BE COMPLETED BY APPLICANT**  
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## VILLAGE OF ALLEGANY

Name of Applicant: \_\_\_\_\_

Job Site: \_\_\_\_\_

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**TO BE COMPLETED BY INSPECTOR**  
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Permit: Issued on \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ **PERMIT #** \_\_\_\_\_

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Estimated Construction Value: \_\_\_\_\_ Contractor: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Shingles

Mailing Address: \_\_\_\_\_

Metal

\_\_\_\_\_ Zip \_\_\_\_\_

Strip to Decking

Phone: \_\_\_\_\_

One Over

Fee: **\$40.00**

Receipt# \_\_\_\_\_

Check Number: \_\_\_\_\_ Money Order: \_\_\_\_\_

Cash: \_\_\_\_\_

Fee must be remitted at time application is made.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Inspector

**APPLICANT HAS BEEN MADE AWARE THAT NEW YORK STATE REQUIRES AN ASBESTOS SURVEY PRIOR TO ANY WORK PERFORMED.** \_\_\_\_\_

**INITIAL**

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**Village of Allegany, 106 East Main Street, Allegany, NY 14706**