

**TOWN of JOHNSTOWN
RE-ROOF PERMIT APPLICATION
NYSR J502.4**

Owner's Name: _____ Permit # _____
Address: _____ Property I.D. _____
_____ Phone: _____

Mailing Address: _____

Permit Fee: **\$25.00** Paid By: _____
Estimated Cost of Project: _____
Contractor's Name: _____ Phone: _____
Contractor's Insurance Carrier: _____
Certificate on file: yes _____ no _____

Scope of Work: _____

Is this a "Mobile" home or a "Double Wide" _____?

NYS Sec **J502.4.3** - **ALL** roof coverings must be removed when two or more layers are present (except for metal roofing or foam insulated roof systems). **Permit Holder MUST call for inspection prior to installation.** 762-7346

- Roofing Material- R904: _____
- Type of Underlayment (ie: Tar Paper)- R905.2.3: _____
- Type of Ice Protection- R905.2.7.1: _____
- Flashing- **J502.4.6**: _____

I hereby certify that all information on this application is true, that all work shall comply with the New York State Building Code, and any and all local codes or zoning laws, and rules and regulations of other agencies that have jurisdiction. I have read the foregoing and understand that false statements made herein are punishable as a Class A Misdemeanor pursuant to Sec.210.45 of the Penal Law, State of New York.

Signature: _____ Date: _____

Approved: _____ Denied: _____ Issuing Officer: _____