



Building Department

Building Permit Application

Residential – Roof Replacement/Recover

- 1.) Submit all together to the Building Department:
 - (1) Completed application including detailed scope of work.
 - (2) Applicable fee
 - (3) Insurance certificate
 - (4) Copy of property Deed
- 2.) Work covered by this application **may not** begin until permit application is reviewed, plans are approved, a permit is issued and signed for.
- 3.) **Permit number** must be displayed on site in 6" numbers to be seen from the road (make your own sign). **Your permit # will be needed to request inspections.**
- 4.) Upon completion of work, final paperwork must be submitted and final inspection must be scheduled to obtain certificate of compliance.

Contractor insurance requirements:

IF Homeowner is contractor:

1. Provide a photocopy of homeowner's declaration page for address of project.
2. Complete Affidavit of Insurance form. **Must be notarized.**

IF hired contractor:

1. Provide NYS Certificate of Workers' Compensation Insurance (C-105.2 or U-26.3) listing Town of Shawangunk as Certificate Holder. **(ACORD forms are not accepted)**
- OR---
2. Self-insured contractor shall provide Certificate of Attestation of Exemption (CE-200) from NYS Workers' Compensation Board (www.wcb.ny.gov)

Inspections: It is the permit holders' responsibility to schedule required inspections. Please request a list of required inspections for *YOUR* individual project from the Building Dept.

- email inspection *requests* ***by 3pm for inspection next business day to:*** building@shawangunk.org. Please include permit# in subject line (Inspection request BP# XX-XXX). Please include your preferred date and time slot (AM or PM).
- Inspections are performed between 9am-3pm, Monday through Friday
- Please be sure your project is **ready** for the requested inspection. Scheduled inspections that are not ready will be Failed/Not Ready and be assessed a \$75 fee, unless canceled at least 2 hours prior to inspection time.
- Please note: **Photos will not be accepted for missed inspections**
- Typical (minimum) inspections required for Residential Roof Replacement projects:
 - Ice Barrier
 - Final Inspection
- Inspection results
 - If no one is at site at time of inspection, email building@shawangunk.org or call (845) 895-2904 after 3pm for inspection results.
 - Dogs and other animals must be secured
 - Fences must be unlocked for inspection access

Documents required to be submitted *prior* to scheduling final inspection

- Verify that all required inspections performed and approved by the Building Department.
- Final paperwork (final cost affidavit, affidavit of Superintendent, etc.)
- Your 911# must be displayed with 4" numbers within view of a public road

Permit #: _____ Date: _____

Section _____ Block _____ Lot _____ Zoning District _____

Reviewed by: _____ Date: _____ Approved Revisions Required

Comments: _____

***** This section to be completed by Building Department *****

*****ALL permits require INSPECTIONS or A VIOLATION will be issued*****

Applicants' Name: _____ Phone #: () _____

Applicant Type (Owner, Contractor, Design Professional, Agent): _____

Applicants' email address: _____

Property owner's name: _____

Mailing address: _____

City _____ State _____ Zip _____ Phone #: () _____

Owner's email address: _____ Alt. Phone # () _____

Location of project (# and street address) _____

Corner Lot: yes / no Subdivision: yes / no _____

Project description: (i.e. "Roof Replacement, Roof Recover") _____

Dimensions: _____

Cost of construction: _____ Permit Fee: _____

Contractor's Name: _____ Phone # () _____

Contractor's Address _____

Contractor's email: _____

Insurance carrier: _____ Policy # _____ Exp. Date _____

(Roof recover projects only)

Contractor certification that only one (1) layer of shingles is currently present and roof recover over existing shingles will not compromise the integrity of the structure and will be in compliance with all applicable building codes

Signature

Date

**Town of Shawangunk
County of Ulster
Office of the Building Inspector**

AFFIDAVIT OF OWNER

Premises _____

_____, being duly sworn, deposes and says that he/she is the
(Name of Property Owner as per recorded deed)

owner above named.

He/She is the OWNER and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work will provide required NYS Worker's Compensation Insurance whereof, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed _____
(signature of Property Owner)

(date signed)

Sworn to before me this

_____ day of _____, 20_____

Notary Public

**Town of Shawangunk
County of Ulster
Office of the Building Inspector**

**Affidavit of Exemption to show specific proof of Worker's Compensation Insurance
coverage for a single or multi-family, Owner-occupied residence.**

Under penalty of perjury, I certify that I am the owner of the single family or multi-family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of Worker's Compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.

- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.

- I have a homeowners' insurance policy that is currently in effect and covers the property listed on the attached building permit **AND** am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- Acquire appropriate Worker's Compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Worker's Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit

OR

- Have the general contractor, performing the work on the single or multi-family, owner occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of that coverage on forms approved by the Chair of the NYS Worker's Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Home Telephone Number)

(Homeowner's Printed Name)

(property address)

Sworn to before me this

_____ day of _____, 20_____

Notary Public

Pg.5

(To be filed upon completion of work)
Final Contractor Affidavit

Permit # _____ Section _____ Block _____ Lot _____

Town of Shawangunk

County of Ulster

Office of the Building Inspector

AFFIDAVIT OF SUPERINTENDENT

I, _____, am the person who observed the work for which the Certificate of Occupancy/Compliance is being sought, hereby certify that the building constructed under Town of Shawangunk Building Permit # _____ has been constructed as per plans and specifications accepted for the Building Permit, and that all work and materials meet the standards and specifications for which they were designed and that the building is safe for human occupancy/use.

Signed _____
Superintendent (General Contractor)

(date signed)

Sworn to before me this

_____ day of _____, 20_____

Notary Public

(To be filed upon completion of work)
Final project cost sheet

Permit # _____ Section _____ Block _____ Lot _____

Town of Shawangunk

County of Ulster

Office of the Building Inspector

AFFIDAVIT OF FINAL COST OF CONSTRUCTION

I, _____, being duly sworn, depose and say that he/she is the applicant/agent named in the Building Permit dated _____, 20____ relating to construction or other work having been performed in the Town of Shawangunk.

Filed Cost of Construction _____

Final Cost of Construction _____

Permit Fee Paid _____

Additional Fee Due _____

Signed _____
(Applicant/agent)

(date signed)

(Costs for the work described in the application for building permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of land)

Sworn to before me this

_____ day of _____, 20_____

Notary Public