TOWN OF CAMBRIA

COUNTY OF NIAGARA

Office of Building, Plumbing and Zoning

4160 Upper Mountain Road Sanborn, NY 14132

Phone: (716) 433-7664 ext. 133

www.townofcambria.gov

RBP-20 -

Office use only

ROOFING PERMIT APPLICATION

Fees: _____

Jobsite Location:_____Date:_____

Contractor/Applicant: _____Email: _____

Address: _____Phone:_____

Property Owner: _____Phone: _____

Address: _____Estimated Cost: _____

Description of Work: (Check all that apply)

_____Residential _____Commercial _____Other

Proposed Date of Installation: _____

#of shingle layers _____ Squares: _____

Ice & Water Guard:_____Yes _____No Depth from Edge: _____

Additional Information/Restrictions:

1. The current schedule of fees state, “Business permits for all construction not obtained in accordance with this ordinance will be increased by 50%.”
2. All work performed must be in strict compliance with the Worker’s Compensation, Liability and Disability laws for the State of New York.
3. Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations and manufacturer’s installation instructions and authorizes the Code Enforcement Officer, his deputy or assistants to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.
4. Ice shield material of 24 inches from inside the exterior wall line as per Code will be applied.

The undersigned certifies that all information submitted for this application is true and correct to the best of his/her knowledge. **Permit fees are non-refundable or transferable.**

Applicant Signature: _____Date: _____