



TOWN OF MARBLETOWN
BUILDING & SAFETY DEPARTMENT
1925 Lucas Ave Cottekill, NY 12419
/ P.O. Box 217 Stone Ridge, NY 12484
Email: building@marbletown.net

Name: _____
BP# _____
SBL# _____
RE-ROOFING PERMIT

RE-ROOFING PERMIT

BUILDING PERMIT APPLICATION

INSTRUCTIONS:

FILL OUT THE ATTACHED PERMIT APPLICATION AND ATTACH THE FOLLOWING TO THE APPLICATION
Incomplete applications will be returned

_____ **DEED**- Copy of your filed deed. Must show Liber and page number. If none on file, call the Assessor's office
Their number is 845-687-7500 x 172

_____ **LETTER OF CONSENT**- If the Contractor/Applicant is not the owner of the premises, a letter of agent from
the owner, designating the applicant as their agent is required.

_____ **Metal Roof** - fill out Metal Roofing Requirements Form and submit with this application

_____ **IS WORK ALREADY STARTED:** YES ___ NO ___ (work started with out permit is subject to \$150.00 + permit fee)

_____ **CHECK**- Payable to the Town of Marbletown for \$125.00

_____ **INSURANCE INFORMATION** -Must attach insurance information- we **DO NOT** keep forms "on file"
(Have your insurance company email the forms to you and include them in with your application)

_____ contractors proof of Liability (Acord Form) and Workmens' Compensation(C105.2 or U26)
LIABILITY EXP DATE _____ **WORKMENS COMP EXP DATE** _____ **WORKMENS COMP EXEMPT** _____
_____ contractors proof of Liability (Acord Form) and Workmens' Compensation Exempt Form
_____ Homeowner if no insurance fill out CE-200 form online (directions included in packet)
_____ **APPLICATION COMPLETE, RECEIVED AND CHECKBY:** _____ **DATE:** _____

(office use only)

The work covered by this application may not be started before the issuance of a Permit, Site Plan or Variance depending on the circumstances of the project. Site inspections is required for some projects prior to issuance of Building Permit. Scheduling ALL inspections including Final inspection to secure Certificate of Occupancy or Compliance is the responsibility of the Owner/Agent

Only a complete packet and original copy (not faxed or emailed) of the application will be accepted for the processing with ALL documents submitted. Once a complete packet is we received we will start the process. Allow a Minimum of two weeks for code review (14 business days)

Any questions, please do not hesitate to call our office

Inspection of Ice and Water Shield and

Final Inspection is Mandatory

Town of Marbletown

1925 Lucas Ave Cottekill NY 12419 / P.O. Box 217 Stone Ridge, NY
RE-ROOFING APPLICATION

Name: _____
SBL# _____
Bldg Permit # _____
RE-ROOFING PERMIT APPLICATION

Print clearly and complete all information
If incomplete, application will be returned

Owner: _____ Applicant: _____

Mailing Address: _____ Mailing Address: _____

Phone Number: _____ Phone Number: _____

Work Number: _____ Work Number: _____

E-Mail: _____ E-Mail: _____

Section _____ Block _____ Lot: _____

Project Manager (Person Overseeing Project)

Name: _____ Phone: _____

Email: _____

IS PROJECT ALREADY DONE ____ YES ____ NO

1. EXACT Address of proposed work: _____

2. Existing Use and Occupancy of Property: _____ Residential _____ Commercial

3. Construction: _____ RE-ROOFING INCLUDING ICE AND WATER SHIELD TO NYS CODE

_____ WILL THIS BE A COMPLETE TEAR-OFF?* () YES () NO

Total tear off required if there are two or more roofing layers

_____ ARE YOU INSTALLING SOFFIT AND RIDGE VENTS? () YES () NO

_____ OTHER _____

4. TYPE OF ROOF COVERING:

_____ ASPHALT _____ WOOD SHAKE _____ SLATE _____ METAL _____ OTHER _____

5. COST OF CONSTRUCTION \$ _____ (INCLUDING ALL LABOR AND MATERIALS)

IS PROJECT ALREADY DONE: ____ YES ____ NO

CONTRACTOR: _____

MAILING ADDRESS _____

PHONE NUMBER _____ CELL NUMBER _____

E-MAIL ADDRESS _____

LIABILITY INSURANCE EXPIRATION DATE _____ WORKMENS' COMP EXPIRATION DATE: _____
(must be filled in)

Upon accepting this permit, you have acknowledged that you are required to notify this office a minimum of 48 hours in advance for inspections that pertain to your project. A list of inspections will be attached to the required onsite building plans which will include your permit.

INSPECTION OF ICE AND WATER SHIELD AND FINAL INSPECTION IS MANDATORY

I (we) understand that it is a violation of the Town of Marbletown Zoning Law to use/occupy without first obtaining a Certificate of Occupancy/Compliance from the Codes Enforcement Officer. **MAXIMUM \$250.00/WEEK AND OR IMPRISONMENT.** I (we) the undersigned understand that any incomplete or omitted information on plans and (or) description of work as submitted to the building department for the issuing of a building permit shall be constructed/installed in compliance with all applicable rules, regulation and codes in effect at the time of this signing. I hereby grant the building inspector or his or her authorized agent permission to enter upon the premises and into any building or building structures thereon at anytime during working hours without being subject to arrest or civil suit for trespassing. I (we) understand that if a permit is issued, it is valid for one year of date of issuance and a fee of \$50.00 or 10% of the original permit fee (whichever is higher) will be applied for renewal each year thereafter if applicable.

_____/_____
Signature of Owner(s) Date: _____

_____/_____
Signature of Contractor/Builder Signature of Applicant Date: _____

Where would you like the permit to be sent for processing? _____ permit to be mailed to homeowner _____
_____ permit will be picked up _____ # to call when ready _____
(if not filled in, permit will be mailed to homeowner's address on file)

OFFICE USE ONLY: *OFFICE USE ONLY* - () Building Permit () Referred to Planning Board () Referred to Zoning Board

APPLICATION: _____ APPROVED _____ DISAPPROVED _____

BUILDING PERMIT NO. _____ EXPIRATION DATE _____

FEES PAID : CHECK BY : _____ OWNER, _____ OTHER/CONTRACTOR

Roofing Permit Fee	\$ <u>125.00</u>
Work Done w/o permit	\$

CHECK NUMBER _____ CASH _____

OTHER	\$
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BANK: _____

TOTAL AMOUNT DUE \$

RECEIPT #: _____ Date: _____

TOWN OF MARBLETOWN

OFFICE OF SAFETY
P.O. BOX 217 STONE RIDGE, NY 12484
914-687-7500 FAX: 687-8897

REQUIRED INSPECTIONS FOR REROOFING

1 - ICE AND WATER SHIELD AS REQUIRED BY CODE see page 2

2 - FINAL INSPECTION TO INCLUDE THE FOLLOWING:

- roofing must be totally completed
- total removal of all old roofing materials and legally disposed of
- proper flashing of all roof penetrations.

CALL FOR FINAL INSPECTION UPON COMPLETION
687-7500 (option 3) to schedule the final inspection

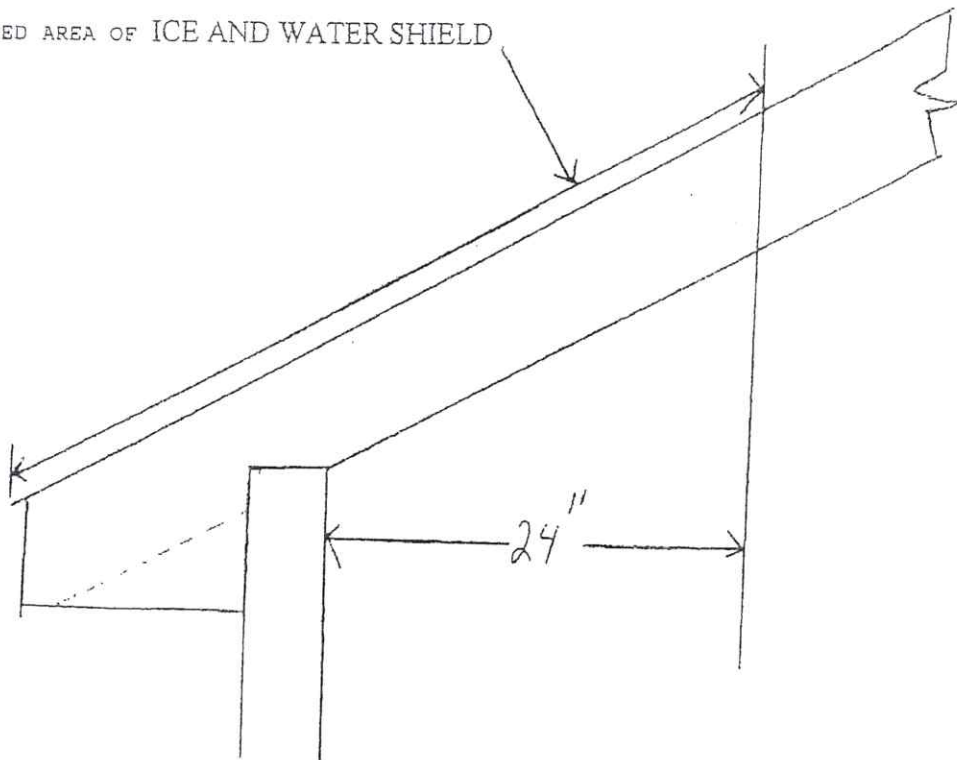
Do Not Leave a Message.
You must speak to someone to be placed on the schedule.

ICE AND WATER SHIELD REQUIREMENT

SRR905.2.7.1 Ice protection. In areas where the average daily temperature in January is 25°F (-4°C) or less or when Table RR301.2(1) criteria so designates, an ice barrier that consists of a least two layers of underlayment cemented together or of a self-adhering polymer modified bitumen sheet, shall be used in lieu of normal underlayment and extend from the eave's edge to a point at least 24 inches (610 mm) inside the exterior wall line of the building.

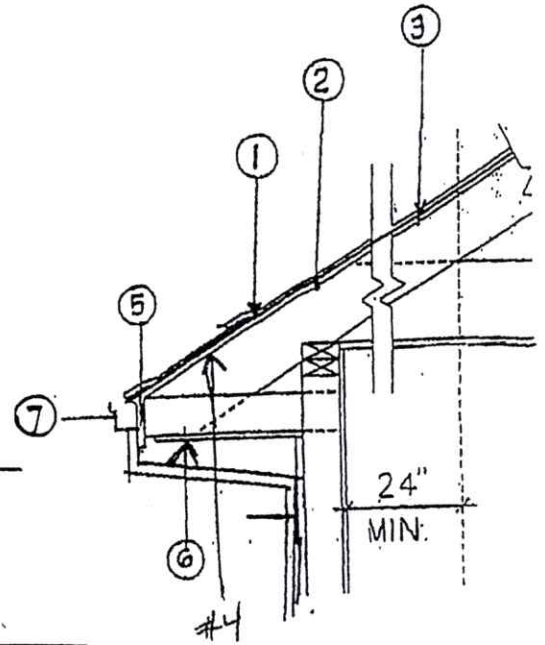
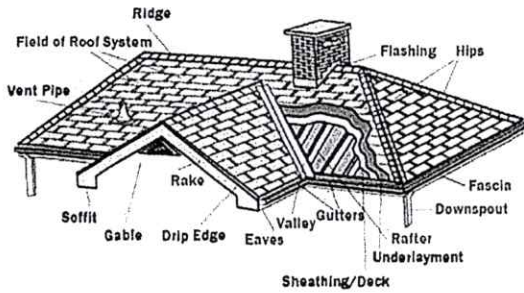
Excaption: Detached accessory structures that contain no conditioned floor area.

REQUIRED AREA OF ICE AND WATER SHIELD



SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS

Roof Data Sheet



- (1) Number of Existing Layers : _____
- (2) Number of Existing Layers to be removed: _____
- (3) Type and Color of Roofing: Type: _____ Color: _____
- (4) Sheathing to be removed and replaced: Yes _____ No _____
- If yes, new sheathing type and size: Type: _____
- Waterproofing type if new: Ice Shield _____
- (5) Fascia and soffit to be removed and replaced: Yes _____ No _____
- If Yes, Material: _____
- (6) Soffit Vent _____
- (7) Gutters and leaders to be removed and replaced: Yes _____ No _____
- If yes, Size: _____ Type: _____ Color: _____

If No Ridge and soffit vents provided, Indicate louvers existing: Yes _____ No _____

If no, provide vents _____

Roofing Scope of Work:

-
-
-
-
-

**** No structural work will be performed ****



TOWN OF MARBLETOWN

OFFICE OF SAFETY

P.O. BOX 217 STONE RIDGE, NY 12484

845-687-7500 ext 104 FAX: 687-8897

e-mail: codeman@marbletown.net

METAL ROOFING REQUIREMENTS

SRR905.10 Metal roof panels. The installation of metal roof panels shall comply with the provisions of this section.

SRR905.10.1 Deck requirements. Metal roof panel roof coverings shall be applied to solid or spaced sheathing, except where the roof covering is specifically designed to be applied to spaced supports.

SRR905.10.2 Slope. Minimum slopes for metal roof panels shall comply with the following:

1. The minimum slope for lapped, nonsoldered-seam metal roofs without applied lap sealant shall be three units vertical in 12 units horizontal (25-percent slope).
2. The minimum slope for lapped, nonsoldered-seam metal roofs with applied lap sealant shall be one-half vertical unit in 12 units horizontal (4-percent slope). Lap sealants shall be applied in accordance with the approved manufacturer's installation instructions.
3. The minimum slope for standing-seam roof systems shall be one-quarter unit vertical in 12 units horizontal (2-percent slope).
area.

SRR905.10.4 Attachment. Metal roof panels shall be secured to the supports in accordance with this chapter and the manufacturer's installation instructions. In the absence of manufacturer's installation instructions, the following fasteners shall be used:

1. Galvanized fasteners shall be used for steel roofs.
2. Three hundred series stainless steel fasteners shall be used for copper roofs.
3. Stainless steel fasteners are acceptable for metal roofs.

I, _____ the installer of the metal roof panels certified that the installation
Print name
of the roof panels are in compliance with all applicable code sections listed above.

Signature date _____

***** PLEASE NOTE *****

**THIS DOCUMENT MUST BE SIGNED AND RETURN TO THE BUILDING
DEPARTMENT PRIOR THE SCHEDULING OF THE FINAL INSPECTION**

Certificate of Attestation of Exemption



NEW YORK
STATE OF
OPPORTUNITY

Workers'
Compensation
Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to **businessexpress.ny.gov**.
2. Select **Log In/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to **step 4** to set up your account.
If you have a NY.gov log-in and password, go to **step 16**.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
 - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Log In/Register**.
15. On the New York Business Express home page, do one of the following:
 - Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, or
 - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - Select **Apply as a Business**, or
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

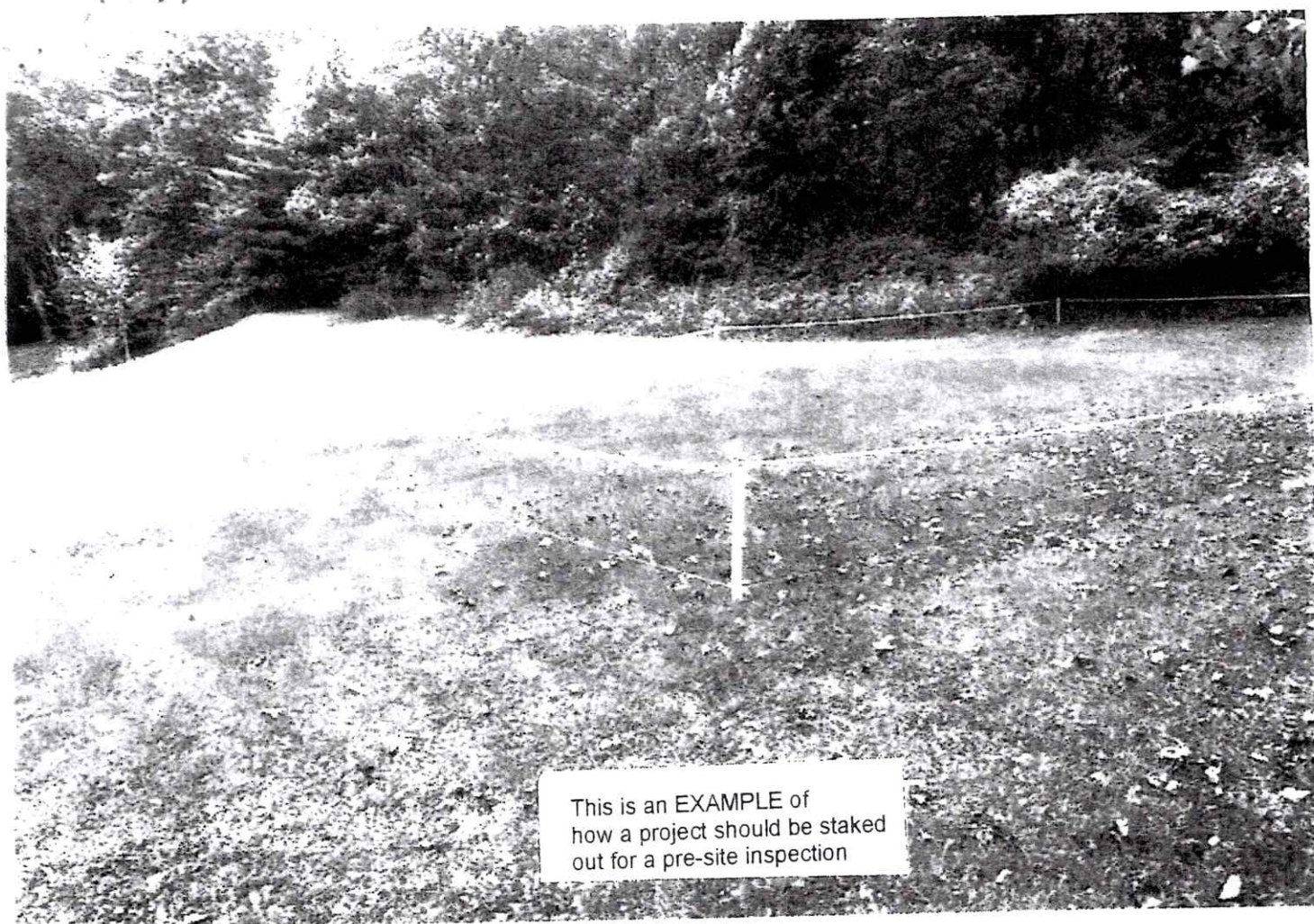
You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.



Your House Number
MUST BE POSTED AND VISABLE
for us to find you so we can help you.



Make sure your house number is posted and clearly visible from both directions on the road. Be sure to keep all trees and grass trimmed around the sign and make sure the sign is reflective.