

**Town of Lockport**  
**BUILDING DEPT.**  
**439-9527**

**ROOFING/SIDING PERMIT**

MAKE CHECKS PAYABLE TO: "TOWN OF LOCKPORT"  
 6200 Robinson Road, Lockport, NY 14094  
PERMIT MUST BE PROCESSED PRIOR TO STARTING WORK

**ROOFING -**  
 Residential - \$30.00  
 Commercial - \$75.00  
 Agricultural - \$75.00  
**SIDING- \$30.00**

<b>Job Address:</b>	Lockport, N. Y. 14094	<b>Date:</b>
<b>Property Owner Name:</b>	<b>Owner Ph:</b>	<b>SBL #</b>
<b>Estimated Value Of The Work: \$</b>	<b>Permit # 16-</b>	
<b>Contractor:</b>	<u>CONTRACTOR INSURANCE INFO.</u>	
<b>Address:</b>	<b>Liability:</b>	
	<b>Wk. Comp:</b>	
<b>Contractor Phone:</b>	<b>Contact Person:</b>	
<b>Description/Fees:</b> (Note all materials must be installed in accordance with the Code & Manufacturers installation instructions)		
<input type="checkbox"/> Residential 1 & 2 - \$30.00 <input type="checkbox"/> Commercial/Industrial - \$75.00 <input type="checkbox"/> Agricultural - \$75.00		
<b>Roofing:</b> <input type="checkbox"/> Total tear off <input type="checkbox"/> Partial tear off <input type="checkbox"/> Overlay only <input type="checkbox"/> Repair <input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Tile <input type="checkbox"/> Metal shingles <input type="checkbox"/> Slate <input type="checkbox"/> Re-roof <input type="checkbox"/> Wood shingles <input type="checkbox"/> Wood shakes <input type="checkbox"/> Built up <input type="checkbox"/> Other _____		
<b>Weight (in lbs. per square foot):</b> _____ <b>Wind Rating (where applicable)</b> _____		
<b># Squares (Area in 100 sq. ft.):</b> _____		
<b>Roof pitch (flat*, 1/12, 5/12):</b> _____ <b>*Roofs must have a minimum slope of ¼ inch per foot.</b>		
<b>Deck material (if applicable):</b> _____		
<b>Siding: (Fee \$30.00)</b> <input type="checkbox"/> Replace <input type="checkbox"/> Overlay <input type="checkbox"/> Repair <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		
<b># Squares (Area in 100 sq. ft.):</b> _____		
<b>Additional Information/restrictions:</b> _____		
<hr/>		
<p>I, the undersigned property owner or authorized agent of the owner, am familiar with the requirements of the Workers Compensation Law and declare that (check the following):</p> <p><input type="checkbox"/> I have filed the required proof as affirmed by my insurance carrier.</p> <p><input type="checkbox"/> I have no people working directly for me and therefore, require no Workers Compensation Insurance. Should there be any change in my status during the exercise of this permit, I will so advise the Building Department and comply with all requirements.</p>		<p>In consideration of granting this permit, the undersigned property owner or authorized agent of the owner hereby agrees to comply with the terms thereof, the Laws of the State of New York, the Ordinances of the Town of Lockport and the regulations of the various departments of the Town, County of Niagara and the State of New York, request all necessary inspections and authorize and provide a means of entry to the premises for the Inspector. Furthermore, the undersigned property owner or authorized agent of the owner has read and will comply with these conditions. The undersigned property owner or authorized agent of the owner hereby certifies that all of the information in this petition is true and correct.</p>
<b>PERMIT FEE: \$</b> _____		<b>X</b> _____
Make checks payable to: "Town of Lockport"		Applicants Signature

**DIRECTIONS:**

1. The contractor is responsible for scheduling the inspections. If the contractor does not schedule the inspection in a timely matter the property owner will ultimately be held responsible.
2. Work must be in accordance with the either the Residential Code of New York State for 1 or 2 family or attached single dwellings, or the Building Code of New York State for other buildings.
3. Note that compliance with Industrial Code Rule 56, ASBESTOS is required. (Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York)
4. Contractors must provide proof of Worker's Compensation & NYS Disability Insurance

**TOWN OF LOCKPORT**  
**6200 Robinson Rd.**  
**Lockport, NY 14094**  
**Ph: 716-439-9527 Fax: 716-439-9532**

**RE-ROOFING WITH METAL**

**New York State Residential Code Chapter 9, Sec 907**

**New roof coverings shall not be installed without first removing existing roof coverings where any of the following conditions occur;**

1. Where existing roof or roof covering is water-soaked or has deteriorated,
2. Where existing roof covering is wood shake, slate, clay, cement or asbestos-cement tile,
3. Where the existing roof has two or more applications of any type of roof covering.

**Exceptions;**

1. Complete and separate roofing systems, such as standing-seam metal roof systems, that are designed to transmit the roof loads directly to the buildings structural system and that do not rely on existing roof structure for support.
2. Metal roof systems shall be permitted over wood shakes when entire existing roof surface has been covered with gypsum board, mineral fiber, glass fiber or other approved material securely fastened.

Town of Lockport requires roofs to be stripped when two or more layers exist. Designed roof systems supported directly to the buildings structural system are permitted. However, support from existing roof structure is not permitted and installation over roofs with multiple layers is not permitted.