TOWN OF HANOVER

DEPARTMENT OF CODE ENFORCEMENT 68 HANOVER ST. SILVER CREEK, N.Y. 14136 PHONE: (716) 934-2920 FAX: (716) 934-7991

BEFORE THE USE / USES DESCRIBED IN THIS APPLICATION CAN BE IMPLEMENTED A CERTIFICATE OF COMPLIANCE MUST BE OBTAINED.

TO BE FILLED OUT BY BUILDING INSPECTOR

PERMIT NO. TOWN / VILLAGE

PERMIT DATE: PERMIT EXPIRES:

ZONING DIST. VALUE OF WORK:

APPROVED BY: PERMIT FEE:

ROOF / REPAIR/ RECONSTRUCTION, ETC.

OWNER: ADDRESS:

PHONE

LOCATION:

TAX ID: SECTION BLOCK LOT

ARE NEW YORK STATE LICENSED ARCHITECT / ENGINEER PLANS ACCOMPANYING THIS APPLICATION? YES NO

IF NO, DETAILED SKETCH OF PROPOSED CONSTRUCTION MUST BE PROVIDED ON ADDITIONAL SHEET.

NAME OF BUILDER:

DIG SAFELY NEW YORK * 1-800-962-7962 IT'S THE LAW CALL BEFORE YOU DIG

ADDRESS: PHONE:

ROOF / REPAIR/ RECONSTRUCTION, ETC. ONE STORY TWO STORY WOOD FRAME METAL FRAME PLYWOOD TO BE ADDED RAFTER: SIZE_____ SPAN TRUSS CONSTRUCTION CERTIFICATION ON FILE SPAN_____ OTHER: ROOF SLOPE | FLAT MATERIALS: ASPHALT SHINGLE SINGLE PLY MEMBRANE ROLLED MINERAL CORRUGATED PLASTIC WOOD SHAKE SHINGLE I hereby apply under the Zoning Ordinance and the building Code of the Town / Village of _____, New York for a permit to construct or alter an Roof construction as set forth above, also that I am aware of my true property lines, and I certify that the statements herein contained are true or to the best of my knowledge and belief. Signature of Applicant _____ Address _____Phone ____ The application of the above stated person (s) is hereby Approved, Disapproved. Reasons for disapproval

Thomas E. Gould / Code Enforcement Officer