

2026 ROOFING/SIDING PERMIT

MAKE CHECKS PAYABLE TO: TOWN OF AMHERST

AMHERST BUILDING DEPARTMENT / 5583 MAIN ST. / WILLIAMSVILLE, NY 14221

Phone: (716) 631-7080 Fax: (716) 631-7192 <https://www.amherst.ny.us>

PERMIT MUST BE PROCESSED PRIOR TO STARTING WORK

FILLOUT ALL APPLICABLE AREAS OF APPLICATION

Project Address:

Contractor Name:

Contractor Address:

Contractor Phone:

Contractor
Email:

Property Owner Name:

Owner
Phone:

Property Owner Address:

(If different than Project Address)

Owner
Email:

Estimated Value of the Work: \$

Installation Date:

(Note: all materials must be installed in accordance with the Code and Manufacturers installation instructions)

ROOFING

Ice & Water Shield Required

- Residential (fee \$75.00)
- Commercial (\$0.10/SF | \$150 min)

- Total tear-off
- Overlay only (2 layers maximum)
- Partial tear-off _____
- Repair _____

Squares _____
(Area in 100 sq ft)

Roof Pitch _____
(ex. flat*, 1/12, 5/12)
*minimum slope 1/4 in. per ft

- Asphalt shingles
- Metal
- Mineral-surfaced
- Rubber
- Slate
- Tile
- Wood Shingles
- Other _____

Material:

Manufacture _____
Warranty _____
Wind Rating _____ MPH
(per ASTM D 3161)
Weight _____ lbs
(in lbs per square)
Deck Material _____
(ex. Plywood, tongue & groove)

SIDING

- Residential (fee \$50.00)
- Commercial (\$0.05/SF | \$150min)

- Total Replace
- Overlay
- Partial Replace _____
- Repair

Squares _____
(Area in 100 sq ft)

- Aluminum
- Steel
- Veneer _____
- Vinyl
- Wood
- Other _____

Material:

Manufacture _____
Warranty _____
Insulation Board (R value) _____

Additional Information/restrictions: _____

REQUESTS FOR INSPECTION MUST BE MADE IN ADVANCE

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):

- I have filed the required proof as affirmed by my insurance carrier.
- 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.

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 Amherst and the regulations of the various departments of the Town, County of Erie 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.

PERMIT FEE: \$ _____

Make checks payable to: Town of Amherst (No cash)

X

Registered Applicants Signature

TOWN CLERK RECEIPT OF FEE:

Receipt is hereby acknowledged of the sum of \$ _____
being the permit fee established by the Town Board of the Town of Amherst, NY.

BUILDING DEPARTMENT APPROVAL:

I do certify that a Code Enforcement Official has examined the foregoing application and supporting documentation and to the best of his/her knowledge has determined that they conform to the Ordinances of the Town of Amherst.

Town Clerk

Building Commissioner

Issue Date:

NOTICE

CONDITIONS, INSTRUCTIONS & REQUIRED INSPECTIONS
The Building Department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the department in accordance with the requirements of the various codes.

Reasonable, safe access must be provided to all areas of the work.

ALL REQUESTS FOR INSPECTION MUST BE MADE 24 HOURS IN ADVANCE

This permit expires six months from date of issue if work has not commenced.

This form expires 12/31/2026

PERMIT # **BP-2026-**

DIRECTIONS:

1. The contractor is responsible for scheduling the inspections. If the contractor does not schedule the inspection in a timely manner 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 NYS Workers Compensation & NYS Disability Insurances.
If insurance is not on file, provide a NYS Certificate of Attestation of Exemption (form CE-200) with each permit application.

New York State Department of Labor Regulations

Excerpt from Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York

ASBESTOS (INDUSTRIAL CODE RULE 56)**56-5.1 Asbestos Survey Requirements for Building/Structure Demolition, Renovation, Remodeling and Repair**

(a) **Asbestos Survey Required.** An owner or an owner's agent, except the owner of one and two-family dwellings who contracts for, but does not direct or control the work, shall cause to be conducted, an asbestos survey completed by a licensed asbestos contractor using inspectors certified in compliance with Section 56-3.2(d), to determine whether or not the building or structure, or portion(s) thereof to be demolished, renovated, remodeled, or have repair work, contains ACM, PACM or asbestos material. This asbestos survey shall be completed and submitted as indicated in Subdivision (g) of this Section, prior to commencing work. All such asbestos surveys shall be conducted in conformance with the requirements of Subdivision (e) of this Section.

(b) **Exemptions To Asbestos Survey Requirements:** The asbestos survey required by this Subdivision (a) of this Section shall not be required for the following classes of buildings or structures:

- (1) an agricultural building;
- (2) buildings or structures for which original construction commenced on or after January 1, 1974;
- (3) A structure certified in writing to be structurally unsound by a licensed Professional Engineer, Registered Architect, Building Inspector, Fire Inspector or other official of competent jurisdiction. (See Section 56-11.5)

WORKER'S COMPENSATION LAW

Section 57 (Effective July 1, 1922)

Restriction on issue of permits unless compensation is secured. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

Section 220, Subdivision 8 (Effective July 1, 1966)

The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined by this article, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

| | *Office use below | | | | Insp. # | Date | Notes |
|--|---|----------------------------------|---|---------------------------------|---------|------|-------|
| ROOFING work performed | <input type="checkbox"/> Total Tear-off | <input type="checkbox"/> Overlay | <input type="checkbox"/> Partial Tear-off | <input type="checkbox"/> Repair | | | |
| Shingle Type | | | | | | | |
| Water & Ice Shield | feet | | | | | | |
| Ridge Vent | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | |
| Louver Vent | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | |
| Soffit Vents | <input type="checkbox"/> New | | <input type="checkbox"/> Existing | | | | |
| Chimney Flashing | <input type="checkbox"/> New | | <input type="checkbox"/> Existing | | | | |
| Chimney Cricket | <input type="checkbox"/> Yes | | <input type="checkbox"/> N/A | | | | |
| Roof Type (Gable, Hip, Mansard, etc) | | | | | | | |
| Job Completed upon arrival <i>Without Inspections</i> | <input type="checkbox"/> Yes | | | | | | |
| Final Inspection | | | | | | | |
| SIDING work performed | <input type="checkbox"/> Total Replace | <input type="checkbox"/> Overlay | <input type="checkbox"/> Partial Replace | <input type="checkbox"/> Repair | | | |
| Material Type | | | | | | | |
| Vapor Barrier type | | | | | | | |
| Job Completed upon arrival <i>Without Inspections</i> | <input type="checkbox"/> Yes | | | | | | |
| Final Inspection | | | | | | | |