



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550 EXT. 2511 - FAX 518-580-9480

APPLICATION FOR REROOFING AN EXISTING BUILDING

1. **APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING ALL REQUIRED SIGNATURES.**
2. The residential fee of \$75.00 or commercial fee of \$150.00 (check made payable to *Commissioner of Finance*) must accompany application.
3. 24 hour notice is required of all inspections. No covering of ice barrier is allowed prior to inspection or a Certification of Placement statement can be filed in lieu of inspection.
4. See attached roof detail for your use.
5. Liability insurance coverage:
 - (a) *For general contractors acting in the capacity of a general contractor:* a Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the City of Saratoga Springs as an Additional Insured and Certificate Holder;
 - (b) *For homeowners acting in the capacity of a general contractor for the project:* You are required to provide a Certificate of Insurance evidencing proof your Homeowners Insurance acknowledges your project and provides evidence of liability coverage in the amount of Three Hundred Thousand Dollars (\$300,000).
 - (c) *All those acting in the capacity of General Contractors* must provide proof of NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance or a waiver of same as determined by the NYS Workers Compensation Board.

THE INDIVIDUAL FILING THIS APPLICATION, TO THE FULLEST EXTENT PROVIDED BY LAW, SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF SARATOGA SPRINGS, ITS AGENTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "CITY"), FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSE (INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES), ARISING OUT OF OR RESULTING FROM THE PERFORMANCE OF THE WORK COVERED BY THIS BUILDING PERMIT APPLICATION, SUSTAINED BY ANY PERSON OR PERSONS, PROVIDED THAT ANY SUCH CLAIM, DAMAGE, LOSS OR EXPENSE IS ATTRIBUTABLE TO BODILY INJURY, SICKNESS, DISEASE, OR DEATH, OR TO INJURY TO OR DESTRUCTION OF PROPERTY CAUSED BY THE TORTIOUS ACT OR NEGLIGENT ACT OR OMISSION OF APPLICANT, ITS CONTRACTOR OR ITS EMPLOYEES OR ANYONE FOR WHOM THE CONTRACTOR IS LEGALLY LIABLE OR SUBCONTRACTORS. **INITIAL**

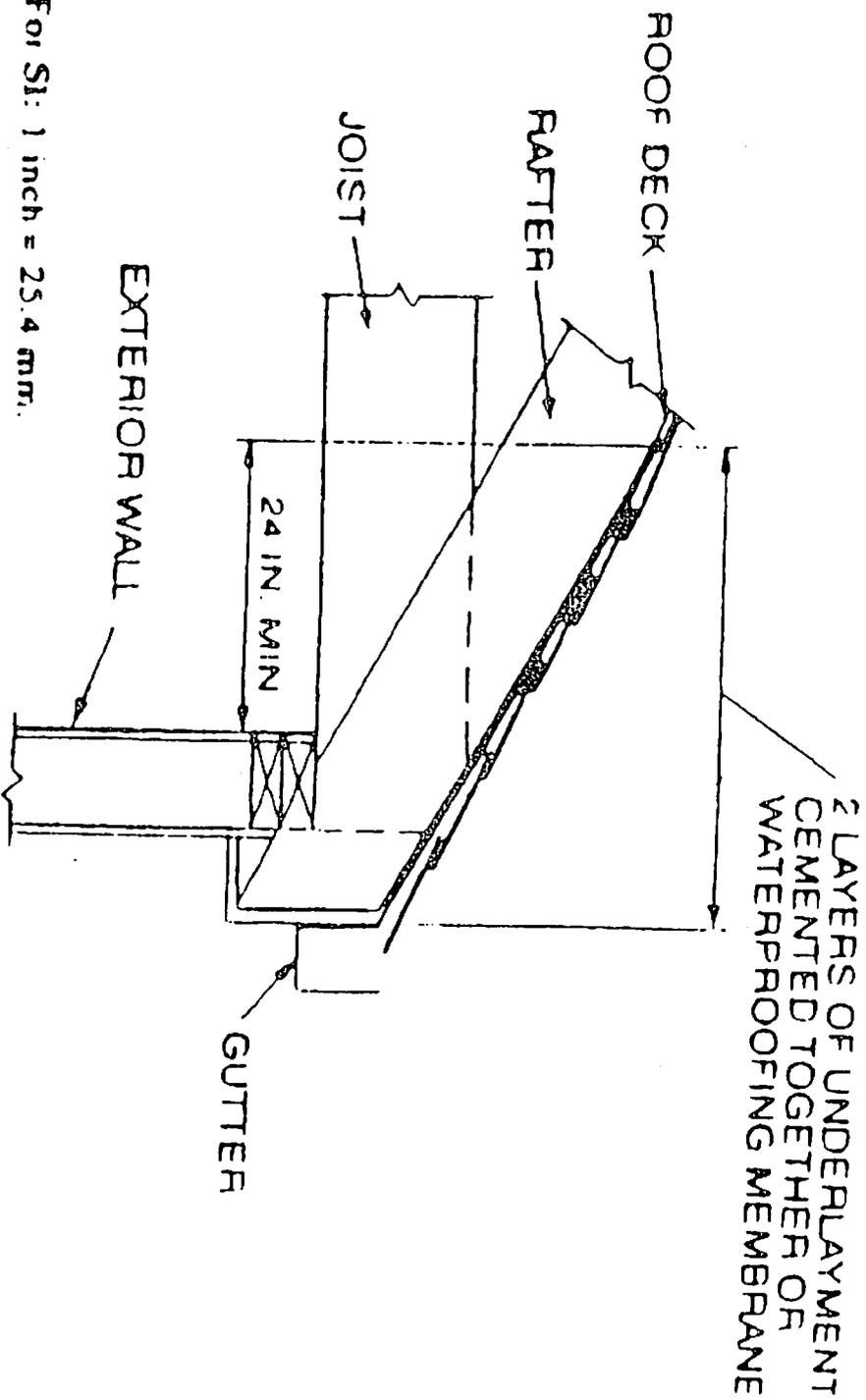
Location Information			
JOB SITE ADDRESS _____		TAX MAP ID# _____	
ZONING DISTRICT _____		TOTAL COST OF WORK \$ _____	
ARCHITECTURAL REVIEW DISTRICT YES NO		D.R.C. DECISION DATE _____	
HISTORIC REVIEW DISTRICT YES NO		(PLEASE ATTACH COPY OF DECISION)	
IS JOB SITE IN A FLOOD PLAIN? YES NO		H.O.A. APPROVAL DATE (IF ANY) _____	
		(PLEASE ATTACH COPY OF APPROVAL)	
OWNER INFORMATION			
OWNER'S NAME _____		PHONE _____	
ADDRESS _____		EMAIL _____	
		OWNER'S SIGNATURE _____	DATE _____
APPLICANT INFORMATION (IF APPLICABLE)			
APPLICANT _____		PHONE _____	
ADDRESS _____		EMAIL _____	
		APPLICANT'S SIGNATURE _____	DATE _____
CONTRACTOR INFORMATION (IF APPLICABLE)			
		CID# _____	
COMPANY NAME _____		PHONE _____	
ADDRESS _____		EMAIL _____	
		CONTRACTOR'S SIGNATURE _____	DATE _____

FOR STAFF USE ONLY:		
FILE # _____	DATE/TIME APPLIED _____	RECEIVED BY _____
APPLICATION # _____	PERMIT # _____	DATE ISSUED _____



Ice Shield

RC





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CERTIFICATION OF PLACEMENT OF ICE AND WATER PROTECTION (BARRIER)

JOB SITE ADDRESS _____

BUILDING PERMIT # _____ DATE ISSUED _____

I, _____, being duly sworn, depose and state:

OWNER OR CONTRACTOR – PRINT NAME

I hereby certify to the City of Saratoga Springs, that as required by the Residential Code of New York State (section R905.2.7.1) or the Building Code of New York State (section B1507.2.8.2), an approved underlayment (typically at least two layers cemented together or of a self-adhering polymer modified bitumne sheet) has been placed extending from the eave's edge to a point at least 24 inches (610 mm) inside the exterior wall line of this subject building, in accordance with applicable code(s) and/or as specified by the licensed professional responsible for the building plans. Note that typically 2 rows @ 3ft are the minimum requirement.

SIGNATURE OF OWNER OR CONTRACTOR

DATE OF SIGNATURE

<p>Sworn to before me this _____ Day of</p> <p>_____, 201__</p> <p>_____ County Clerk or Notary Public</p>
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