



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550 EXT. 2511

KATHLEEN.FARONE@SARATOGA-SPRINGS.ORG

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 \$.10 / SF (minimum of \$150.00) Check made payable to Commissioner of Finance) must accompany application.
3. At least 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. 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: See Homeowners Insurance Requirements.
 - (c) All applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board (Homeowners – form BP-1; Contractors – form CE-200).

Location Information

JOB SITE ADDRESS _____ TAX MAP ID# _____

ZONING DISTRICT _____ TOTAL COST OF WORK \$ _____

ARCHITECTURAL REVIEW DISTRICT YES NO

HISTORIC REVIEW DISTRICT YES NO

IS JOB SITE IN A FLOOD PLAIN? YES NO

D.R.C. DECISION DATE _____
(PLEASE ATTACH COPY OF DECISION)

H.O.A. APPROVAL DATE (IF ANY) _____
(PLEASE ATTACH COPY OF APPROVAL)

PROPERTY OWNER INFORMATION

CID# _____

OWNER'S NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

OWNER'S SIGNATURE DATE

APPLICANT INFORMATION

APPLICANT _____ PHONE _____

ADDRESS _____ EMAIL _____

APPLICANT'S SIGNATURE DATE

CONTRACTOR INFORMATION

CID# _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CONTRACTOR'S SIGNATURE DATE

APPLICATION FOR REROOFING AN EXISTING BUILDING

FEE CALCULATION:

RESIDENTIAL: \$75.00

COMMERCIAL: _____ SF X \$.10 = \$_____ OR \$150.00 WHICHEVER IS LARGER

HOLD HARMLESS:

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**

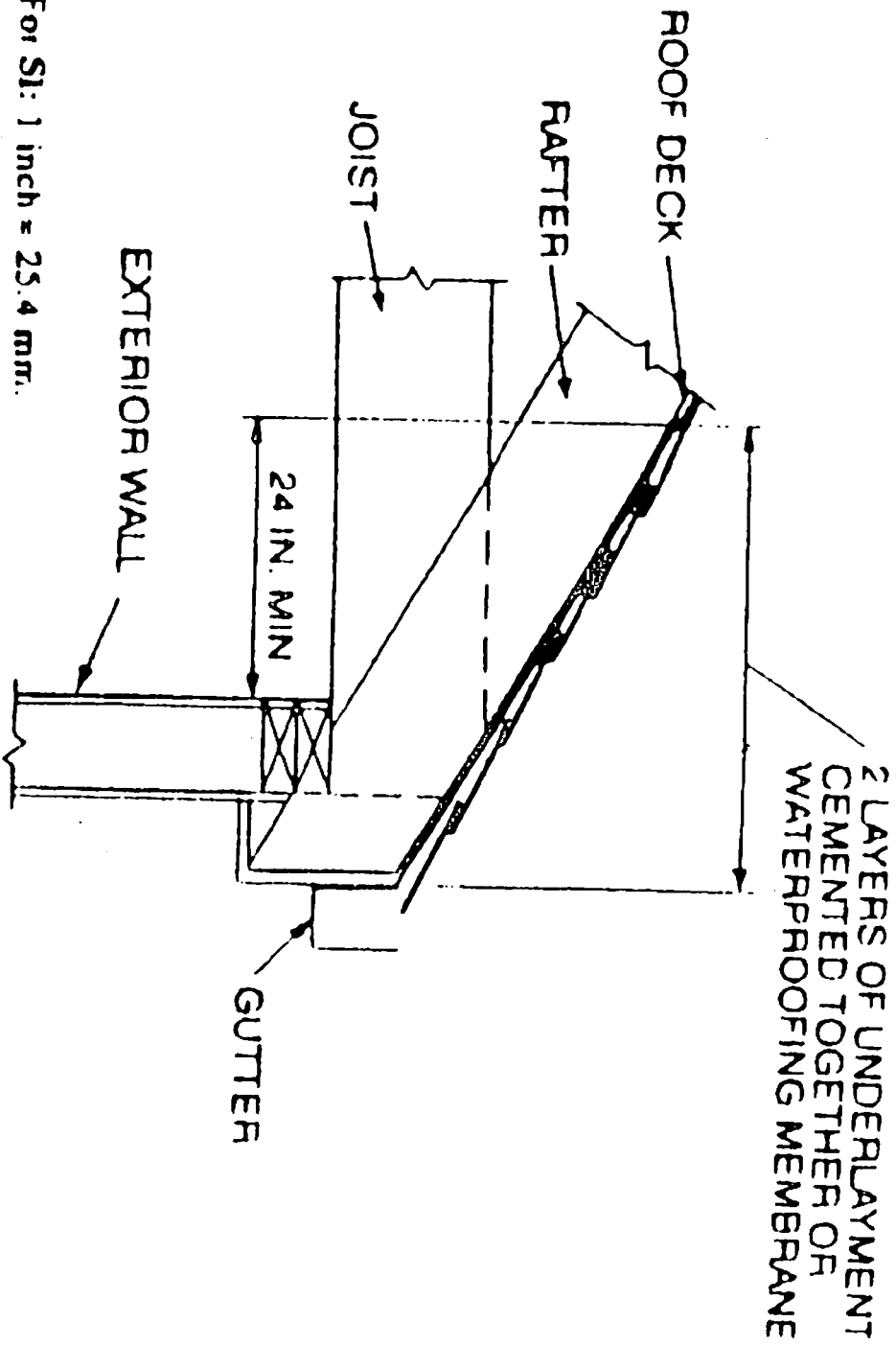
FOR STAFF USE ONLY:

FILE # _____	DATE/TIME APPLIED _____	RECEIVED BY _____
APPLICATION # _____	PERMIT # _____	DATE ISSUED _____
AMOUNT PAID \$ _____	INSURANCE _____	



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 R905.1.2) 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. Roofing materials installed per manufacturer's instructions.

SIGNATURE OF OWNER OR CONTRACTOR

DATE OF SIGNATURE

NOTARY

Sworn to before me this _____ Day of
_____, 201__

County Clerk or Notary Public