



# City of Saratoga Springs

## BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY, SUITE 32 - SARATOGA SPRINGS,  
NY 12866 PHONE 518-587-3550 EXT. 2510  
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 \$85.00 or commercial fee of \$.15 / SF (minimum of \$165.00) Check payable to Commissioner of Finance and must accompany the application.
3. Ice and Water Barrier affidavit is required to be signed in front of a Notary and returned to the Building Department within 45 days of the issuance of the permit. An inspection of the Ice and Water Barrier while fully visible can be scheduled instead of the affidavit.
4. Final inspection of the roof is required within 45 days of the issuance of the permit.
5. Once #3 and #4 are completed, a Certificate of Completion will be issued
6. Insurance Information:
  - (a) Contractor acting as 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).

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

# APPLICATION FOR REROOFING AN EXISTING BUILDING

## FEE CALCULATION:

RESIDENTIAL: \$85.00

COMMERCIAL: \_\_\_\_\_ SF X \$.15 = \$ \_\_\_\_\_ OR \$165.00 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**

**AS THE OWNER OF THE PROPERTY SUBJECT TO THIS PERMIT APPLICATION, I UNDERSTAND THAT A CERTIFICATE OF COMPLIANCE MUST BE ISSUED BY THE BUILDING DEPARTMENT TO PROPERLY CLOSE THIS PERMIT. I FURTHER UNDERSTAND THAT AS THE OWNER, IT IS MY RESPONSIBILITY TO CONTACT THE BUILDING DEPARTMENT FOR A FINAL INSPECTION BEFORE A CERTIFICATE OF COMPLIANCE CAN BE ISSUED.**

**PROPERTY OWNERS SIGNATURE** \_\_\_\_\_

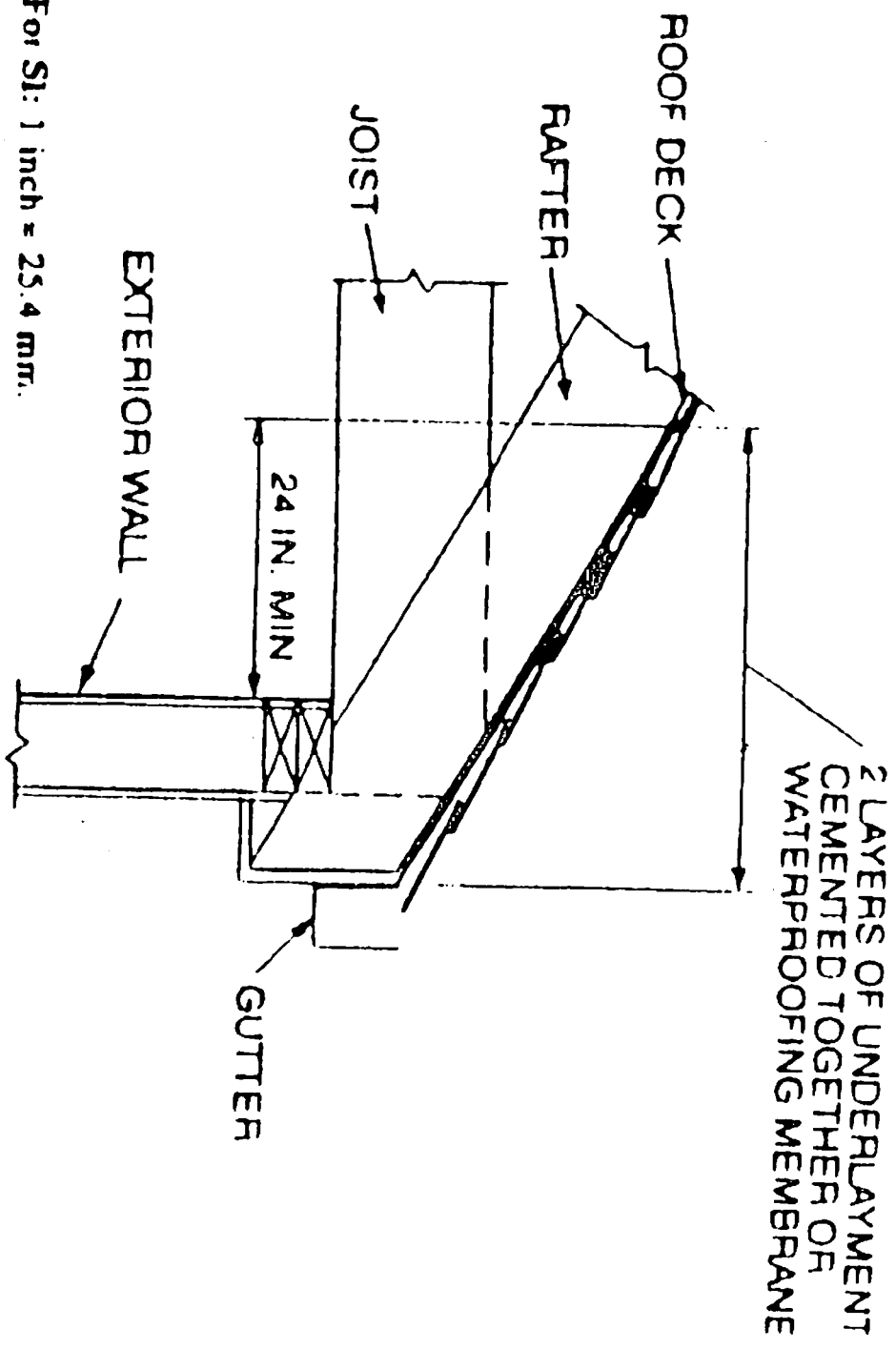
### FOR STAFF USE ONLY:

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



# Ice Shield

# RC





# City of Saratoga Springs

**BUILDING DEPARTMENT**  
474 BROADWAY, SUITE 32  
SARATOGA SPRINGS, NY 12866  
PHONE 518-587-3550 EXT. 2510  
KATHLEEN.FARONE@SARATOGA-SPRINGS.ORG

## **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 bitumen 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  
\_\_\_\_\_, 202\_

\_\_\_\_\_  
County Clerk or Notary Public