

Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609



Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Roofing Permit Application

Address: _____ Zone: _____

Estimated Cost of Project: _____ S.B.L # _____ Lot No _____

Contractor: _____

Address: _____

_____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Description of Property: Residential Commercial Other _____

Description of Work: Total Tear-off Partial Tear-off Overlay Only Repair

Material(s) Installed:

Asphalt Shingle	Wood Shingles	Slate	Built Up	Mineral Surface
Metal Shingle	Wood Shakes	Tile	Re-Roof	Other _____

Squares: _____ Roof Pitch: _____ Deck Material: _____

Ice & Water Guard: Yes No Depth from Edge: _____

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park. The Building Inspector(s) are permitted to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Property Owner: _____
Print and Sign

Address: _____

_____ City _____ State _____ Zip _____

Letter of Authorization Submitted

Official Use Only:

Town Clerk Stamp

Items supplied: 2 Sets of Plans Specs Disability _____ Workers Compensation _____
 Insurance Wavier _____ Other _____

Building Inspector: _____ Issued: _____

Permit #: _____ Permit Fee _____ + Additional Fee _____ = _____

Roofing