VILLAGE OF SILVER CREEK DEPARTMENT OF CODE ENFORCEMENT 172 CENTRAL AVE. SILVER CREEK, N.Y. 14136 PHONE: (716) 673-5285 FAX: (716) 934-2700

BEFORE THE USE / USES DESCRIBED IN THIS APPLICATION CAN BE IMPLEMENTED A **CERTIFICATE OF COMPLIANCE** MUST BE OBTAINED.

TO BE FILLED OUT BY BUILDING INSPECTOR

PERMIT NO	VILLAGE OF SILVER CREEK
PERMIT DATE:	PERMIT EXPIRES:
ZONING DIST	VALUE OF WORK:
APPROVED BY:	PERMIT FEE: \$50.00
 □ VARIANCE REQUIRED □ GRANTED □ DENIED DATE □ N.O.D. ROOF / REPAIR / RECONSTRUCTION 	
	ADDRESS:
	PHONE
LOCATION	
TAX ID: SECTION BLOCK	
NAME OF BUILDER:	
ADDRESS:	PHONE:
☐ CERTIFICATE OF INSURANCE ON FILE ☐ CERTIFICATE OF INSURANCE NEEDED	

DIG SAFELY NEW YORK 1-800-962-7962 IT'S THE LAW CALL BEFORE YOU DIG

NO BUILDING PERMITS WILL BE ISSUED PRIOR TO APPROVAL OF A SEWER HOOK-UP PERMIT FROM THE CHAUTAUQUA COUNTY HEALTH DEPARTMENT OR WHERE APPLICABLE FROM THE TOWN / VILLAGE WATER AND SEWER DEPARTMENTS. NO EXCEPTIONS!

NATURE OF PROPOSED WORK: CONSTRUCTION OF NEW ROOF CONSTRUCTION OF ROOF REPAIR **ONE STORY** TWO STORY NEW PLYWOOD ICE SHIELD IS TO BE INSTALLED OTHER WORK DESCRIBE: ROOF; ASPHALT SHINGLE | SINGLE PLY MEMGRANE ROLLED ROOFING CORRUGATED PLASTIC **METAL WOOD SHAKE** I hereby apply under the Zoning Ordinance and the building Code of the Town / Village of ______, New York for a permit to construct or alter a building and / or accessory structures as set forth above, and I certify that the statements herein Contained are true or to the best of my knowledge and belief. Signature of Applicant _____ Address ______ Phone _____ The application of the above stated person (s) is hereby Approved, Disapproved. Reasons for disapproval _______ Date: _____

Jeffrey Singleton / Code Enforcement Officer