

Building Permit No. _____

Date of Application: _____

Application for Re-roofing and/or Residing Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357
Telephone: (860) 691-4114 Fax: (860)691-0351

Application must be filled out completely in ink

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER
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Job Location _____

Property Owner's Name _____

Property Owner's Address _____

Contractor's Name _____ TEL No. _____ ST LICENSE No. _____

Contractor's Address _____ City: _____ ST _____ ZIP _____

ROOFING INFORMATION:	RESIDING INFORMATION
Roofing material to be used:	Siding material to be used:
No. of roofing squares:	Siding material presently on building:
No. of layers now on building:	Number of squares to be used:
Will strip off old roofing (yes or No)	

CERTIFICATION: I HEREBY CERTIFY THAT: I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature: _____ Date: _____

Applicant Address: _____

Please Print Name _____ Tel. No. _____

Estimated Value of Work \$ _____

Permit Fee \$ _____

State Education Fee \$ _____

Total Due: _____

Approved by: _____ Date: _____
(Building Official)