

# PERMIT

## Application for Re-Roofing, Siding or Replacement Windows

TO: Bureau of Building  
City of Stamford

Replacement Windows: \_\_\_\_\_  
Number of Squares: \_\_\_\_\_  
Re-Roofing: \_\_\_\_\_  
Re-Siding: \_\_\_\_\_

The undersigned hereby applies for permission to: \_\_\_\_\_

The same to be in all respects in accordance with the laws and building regulations of the State of Connecticut and the City of Stamford.

(ANSWER ALL QUESTIONS OR N/A IF NOT APPLICABLE)

Permit No: RP-20 \_\_\_\_\_ Date: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
Fee: \_\_\_\_\_ Investigation Fee: \_\_\_\_\_  
Job Site Address: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Owner of Building: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Are the owners employed by the City of Stamford: Y \_\_\_\_\_ N \_\_\_\_\_  
Owner of Building E-MAIL address: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Contractors License # \_\_\_\_\_

### Re-Roof

Existing roofing consist of: \_\_\_\_\_ Total layers applied: \_\_\_\_\_  
New roofing to be applied (TYPE): \_\_\_\_\_  
Flashing to be re-installed (chimneys, parapet walls, penthouse, vents, roofing mechanical equipment):  
Y \_\_\_\_\_ N \_\_\_\_\_ if yes, list locations \_\_\_\_\_

Type of mechanical equipment which will require removal and replacement if any: \_\_\_\_\_

**NOTE:** If an HVAC permit is required and a permit is not taken out an investigation fee will be imposed.

All asphalt strip shingle roofs require 1 layer of 15lb. felt underlayment and roofs is less than 4 in 12 pitch require 1 layers of 15lb felt underlayment. Roofs with pitch less than 2 in 12 pitch will receive a roll roof or equivalent.

### Re-Siding

Is there any hazardous material to be removed or encapsulated: Explain: \_\_\_\_\_

Electrical: Relocation of electrical service and / or resetting electrical outlets required: Y \_\_\_\_\_ N \_\_\_\_\_

**NOTE:** If yes, an electrical permit is required.

If an electrical permit is required and no permit is taken out an investigation fee will be imposed.

### Replacement Windows

Any windows that the frame remains and sash is removed and re-placed with new windows only. Bedroom windows with removable sash shall be allowed if it is capable of being removed without the use of a key or tool, and meets the required escape window dimensions as per Connecticut State Building Code.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**AFFIDAVIT**

STATE OF CONNECTICUT )  
 ) ss: Stamford, this      day of      20  
COUNTY OF FAIRFIELD )

I, the undersigned, being duly sworn, hereby make affidavit and say:

1. I am an agent of the Owner - Lessee of the building or structure - Licensed Engineer - Architect - employee in connection with the proposed work - all set forth in the application for Roofing / Siding / Replacement Windows permit.
2. The proposed work is authorized by the owner in fee and the undersigned is authorized by the owner in fee to make the application for Roofing / Siding / Replacement Windows permit

Personally appeared \_\_\_\_\_  
who made oath to the truth of the foregoing before me.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

The laws and building regulations of the State of Connecticut and City of Stamford shall at all times have precedence over drawings and specifications. Anything contrary to said laws and regulations that may at any time appear in drawings and specifications, or in the work as executed, shall be corrected without delay upon the receipt of due notice from the Building Inspector. The granting of a permit for the proposed work shall not be assumed or construed any right or permission to do anything contrary to the laws and regulations aforesaid, under any circumstances whatsoever.

Re-Roofing / Siding /  
& Replacement Windows  
(FOR OFFICE USE ONLY)

RP - 20 \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Cost: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Re-Roofing / Siding /  
& Replacement Windows

For: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Application: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor: \_\_\_\_\_

Building Official: \_\_\_\_\_

Building Official: \_\_\_\_\_

Building Official: \_\_\_\_\_

FEES: \_\_\_\_\_

TAX: \_\_\_\_\_

TOTAL: \_\_\_\_\_