

BUILDING DEPARTMENT  
VILLAGE OF CASTLETON-ON-HUDSON  
P.O. BOX 126  
CASTLETON, NY 12033  
732-2211

APPLICATION FOR ROOFING & SIDING PERMITS

APPLICATION DATE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

FEE: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_

TAX MAP NUMBER \_\_\_\_\_

(Required: you can get this off your tax bill)

NAME OF INSURANCE CARRIER \_\_\_\_\_

(Please submit Insurance Certificate)

\_\_\_\_\_  
Applicant's Signature

APPROVED BY \_\_\_\_\_

Building Inspector

REQUIRED FOR PERMIT :

1. Application filled out completely
2. Insurance Certificate
3. Disposal Plan of Debris in writing.
4. List of Materials being used
5. Need to know what is being taken off
6. Please contact the Building Dept. at 732-2211 when the job is completed for a Final Inspection.
7. Application fee payment