

## **APPLICATION FOR REROOFING AND /OR RESIDING PERMIT**

1. Required for re-roofing / re-siding work that is going to be performed.
2. If both, re-roofing / re-siding are done, then one application can be filled out for both.
3. The number of squares is required. If the old roof is being stripped, the "LOCATION OF DISPOSAL". required.
4. If asbestos is going to be removed – please go to this web site for [http://www.dph.state.ct.us/BRS/asbestos/asbestos\\_program.htm](http://www.dph.state.ct.us/BRS/asbestos/asbestos_program.htm) for more information or visit the Health Department at town hall. 860-655-8588

**APPLICATION FOR REROOFING AND/OR SIDING PERMIT**  
TOWN OF NEWINGTON , 131 CEDAR STREET, NEWINGTON CT 06111  
TEL. 860-665-8580 FAX 860-665-8577 – BUILDING DEPARTMENT  
**APPLICATION MUST BE FILLED OUT COMPLETELY IN INK**

JOB LOCATION: \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_

(HOME) OWNER \_\_\_\_\_ TEL. NO. \_\_\_\_\_

(HOME) OWNER'S ADDRESS \_\_\_\_\_

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

TOTAL VALUE OF WORK TO BE PERFORMED \$ \_\_\_\_\_

**ROOFING MATERIAL TO BE USED** \_\_\_\_\_ **# OF SQUARES** \_\_\_\_\_

NO. OF ROOF LAYERS NOW ON BUILDING \_\_\_\_\_ WILL STRIP OFF OLD ROOF (S): YES \_\_\_ NO \_\_\_

INDICATE THE INTENDED SITE FOR THE FINAL DISPOSAL OF THE DEMOLITION MATERIAL  
GENERATED BY THIS WORK: \_\_\_\_\_

**SIDING MATERIAL TO BE USED** \_\_\_\_\_ **# OF SQUARES** \_\_\_\_\_

SIDING MATERIAL PRESENTLY ON BUILDING \_\_\_\_\_

WILL STRIP OFF OLD SIDING: YES \_\_\_\_\_ NO \_\_\_\_\_

INDICATE IN THE SPACE PROVIDED, THE INTENDED SITE FOR THE FINAL DISPOSAL OF THE  
DEMOLITION MATERIAL GENERATED BY THIS WORK:

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT)  
OF THIS PROPERTY AND WILL BE DONE IN ACCORDANCE TO STATE CODES AND REGULATIONS.

**NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS  
APPLICATION AND HAS ISSUED A ROOFING/SIDING PERMIT. ALL PERMITS APPROVED  
SUBJECT TO FIELD INSPECTIONS.**

SIGNED: \_\_\_\_\_  
(Applicant) (Date) (Tel. No.)

Please print name \_\_\_\_\_

Re-roofing Permit Fee \$ \_\_\_\_\_ Application Received by: \_\_\_\_\_

Siding Permit Fee \$ \_\_\_\_\_ Date: \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_