

APPLICATION FOR REROOFING AND /OR RESIDING PERMIT (YELLOW)

1. Used for any reroofing / residing work that is going to be performed.
2. If both, reroofing / residing are going to be done, then one application can be filled out for both.
3. Make sure that number of squares is filled in. If stripping is being done, make sure that they fill in a "LOCATION OF DISPOSAL".
4. If asbestos is going to be removed - then tell the homeowner/contractor the State does not require that they remove it, but if they are, they need to get a form from the Health Director and a Demolition Permit Application will have to be filled out.
5. They have to fill out roofing specifications.
6. If a contractor pulls the Permit, they need a current Connecticut State Home Improvement License.

APPLICATION FOR REROOFING AND/OR SIDING PERMIT
TOWN OF NEWINGTON , 200 GARFIELD 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 \$ _____

**(SEE NEW 2012 IRC CODE as stated in R905 roof covering requirements and
R301.2 Climatic and geographic design criteria. RE. 100MPH wind requirements)**

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 ARE SUBJECT TO FIELD
INSPECTIONS.**

(Applicant)

(Date)

(Tel. No.)

SIGNED: _____

Please print name _____ E-MAIL: _____

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

Siding Permit Fee \$ _____ Date: _____

Total Paid \$ _____

Approved By: _____ DATE _____

PERMIT NO. _____

NOTE: CALL BUILDING DEPARTMENT FOR REQUIRED INSPECTIONS.

24 HOUR NOTICE IS REQUIRED (860-665-8580)