



# BUILDING PERMIT APPLICATION: ROOFING

TOWN OF ULYSSES BUILDING, CODE, PLANNING, & ZONING DEPARTMENT

Office Use Only	
Fee	
Permit #	
Check #	

**This is not a Building Permit:** No work is authorized until this application is completed and approved, the application fee is paid, and the permit is issued. Applications should be made well in advance. Incomplete applications will not be processed.

**Electronic submittal is preferred. Please email PDFS of application materials to [code@townofulyssesny.gov](mailto:code@townofulyssesny.gov).**

**Complete applications must include the following:**

- Completed application form
- Contractor insurances and license
- Workers Compensation Board: NYS Workers Compensation Certificate (CE-200)
- Attached plot plan: Tax map or survey with the location and details of proposed structure
- Attached design plans: Show all details to scale, with labeled dimensions and materials
- Application Fee: Cash, card, or check payable to "Town of Ulysses".

CONTACT INFORMATION				
APPLICANT				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
OWNER				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
PRIMARY CONTACT:    APPLICANT    OWNER    OTHER, PLEASE SPECIFY BELOW				
NAME				
PHONE		EMAIL		

PROJECT SITE INFORMATION		
ADDRESS		
PARCEL NO(S)		
PROPERTY TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner ( <i>attach your CE-200 Exemption Form</i> ) <input type="checkbox"/> Contractor ( <i>attach Workers' Compensation documents</i> ) <input type="checkbox"/> Other _____	
ESTIMATED COST	\$	ESTIMATED SQFT



10 Elm Street  
Trumansburg, NY 14886



607.387.5767



[code@townofulyssesny.gov](mailto:code@townofulyssesny.gov)  
<https://townofulyssesny.gov>

Check YES or NO for the following questions. All questions must be answered.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	All water soaked roof coverings will be removed prior to installing new roof covering.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any deteriorated sheathing will be replaced prior to installation of new roof covering.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Existing roof coverings consisting of wood shake or shingle, slate, clay, cement or Asbestos cement tile will be removed prior to installing new roof covering.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Existing roof coverings will be removed prior to installing new roof covering where the existing roof has two or more applications of any type of roof covering.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	New roof covering, Ice barrier, Flashing and Valleys will be installed in accordance with the New York State Uniform Fire Prevention and Building Code.
<b><i>If you answered "No" to any of the above questions, you must submit the manufacturer's installation instructions and a detailed scope of work to the Permit Office for additional review and approval.</i></b>		

**Please complete the following information:**

1. Number of existing layers: \_\_\_\_\_
2. Existing type of roof covering: \_\_\_\_\_
3. Existing roof coverage will be removed:      Yes  No
4. Existing roof framing type:                      Rafters  Trusses
5. Existing Insulation: \_\_\_\_\_  
Proposed: \_\_\_\_\_
6. Material List: \_\_\_\_\_  
\_\_\_\_\_
7. Roof Details:
  - a) Proposed roof covering (Manufacturer and model/brand): \_\_\_\_\_
  - b) Ice and Water: \_\_\_\_\_
  - c) Underlayment: \_\_\_\_\_
  - d) Purling size, spacing & fastening details: \_\_\_\_\_
  - e) Proposed framing: \_\_\_\_\_
8. Please check all that apply:
 

House      Garage      Shed      Other

SIGNATURE	
By signing below, I hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Ulysses. I understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.	
Applicant's Signature	_____
Name (printed)	_____
Applicant's Role	<input type="checkbox"/> Contractor <input type="checkbox"/> Agent <input type="checkbox"/> Owner <input type="checkbox"/> Other _____
Date	_____

