

# 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