



CITY OF STAMFORD BUILDING INSPECTION BUREAU

888 Washington Blvd.
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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 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: Yes No Owner of Building email

Contractor: Address

City State Zip Code

Phone Number Cell Number Contractors Lic.

Re-Roof Existing Roof 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 Electric 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 _____

Print Name

Address

Signature of Applicant _____

Print Name

Address