

**TOWN OF HANOVER  
DEPARTMENT OF CODE ENFORCEMENT  
68 Hanover Street. SILVER CREEK, N.Y. 14136  
PHONE: (716) 934-2920 FAX: (716) 934-7991**

BEFORE THE USE / USES DESCRIBED  
IN THIS APPLICATION CAN BE  
IMPLEMENTED A **CERTIFICATE OF  
COMPLIANCE** MUST BE OBTAINED.

**TO BE FILLED OUT BY BUILDING INSPECTOR**

PERMIT NO. \_\_\_\_\_ HAMLET \_\_\_\_\_  
PERMIT DATE: \_\_\_\_\_ PERMIT EXPIRES: \_\_\_\_\_  
ZONING DIST. \_\_\_\_\_ VALUE OF WORK: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

☐ VARIANCE REQUIRED ☐ GRANTED ☐ DENIED      DATE \_\_\_\_\_  
☐ N.O.D.

**ROOF REPAIR / RECONSTRUCTION**

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_

LOCATION \_\_\_\_\_

TAX ID: SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

NAME OF BUILDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

☐ CERTIFICATE OF INSURANCE ON FILE  
☐ CERTIFICATE OF INSURANCE NEEDED

**DIG SAFELY NEW YORK 1-800-962-7962**

**IT'S THE LAW CALL BEFORE YOU DIG**

**NO BUILDING PERMITS WILL BE ISSUED PRIOR TO APPROVAL OF A SEWER  
HOOK-UP PERMIT FROM THE CHAUTAUQUA COUNTY HEALTH DEPARTMENT  
OR WHERE APPLICABLE FROM THE TOWN / VILLAGE WATER AND SEWER  
DEPARTMENTS. NO EXCEPTIONS!**

**NATURE OF PROPOSED WORK:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> CONSTRUCTION OF NEW ROOF                                | <input type="checkbox"/> ROOF REPAIR |
| <input type="checkbox"/> ONE STORY   | <input type="checkbox"/> TWO STORY   |
| <input type="checkbox"/> NEW PLYWOOD   |                                      |
| <input type="checkbox"/> ICE SHIELD IS TO BE INSTALLED _____' From Exterior Wall |                                      |
| <input type="checkbox"/> OTHER WORK DESCRIBE:                                    |                                      |
- 
- 

**ROOF:**

- |  |   |
|--|---|
| <input type="checkbox"/> FLAT            | <input type="checkbox"/> SLOPE /PITCH = ____:12 |
| <input type="checkbox"/> ASPHALT SHINGLE | <input type="checkbox"/> SINGLE PLY MEMGRANE    |
| <input type="checkbox"/> ROLLED ROOFING  | <input type="checkbox"/> CORRUGATED PLASTIC     |
| <input type="checkbox"/> METAL           | <input type="checkbox"/> WOOD SHAKE             |

I hereby apply under the Zoning Ordinance and the building Code of the Town / Village of \_\_\_\_\_, New York for a permit to construct or alter a building and / or accessory structures as set forth above, and I certify that the statements herein contained are true or to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**The application of the above stated person (s) is hereby**

☐ Approved, ☐ Disapproved.

**Reasons for disapproval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hanover Code Enforcement Officer**