

VILLAGE OF CAYUGA HEIGHTS

ROOFING PERMIT WORKSHEET

DATE:	
OWNER:	
ADDRESS:	
CONTRACTOR:	
DESCRIPTION OF WORK:	
SPECIFICATIONS:	
<input type="checkbox"/> EXISTING LAYERS:	
<input type="checkbox"/> TEAR-OFF:	
<input type="checkbox"/> EXISTING SUBSTRATE:	
<input type="checkbox"/> NEW SUBSTRATE:	
<input type="checkbox"/> EXISTING RAFTERS/TRUSSES:	
<input type="checkbox"/> RIDGE VENT:	
<input type="checkbox"/> SOFFIT VENTS:	
<input type="checkbox"/> DRIP EDGE:	
<input type="checkbox"/> UNDERLAYMENT:	
<input type="checkbox"/> ICE/WATER SHIELD:	
<input type="checkbox"/> SHINGLES/MEMBRANE:	
<input type="checkbox"/> NAILS:	
<input type="checkbox"/> VALLEYS:	
<input type="checkbox"/> CURBS/PENETRATIONS:	
<input type="checkbox"/> GUTTERS/DRAINS:	
<input type="checkbox"/> DOWNSPOUTS/LEADER:	
<input type="checkbox"/> DISCHARGE LOCATION:	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	