

# TOWN OF STILLWATER

ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION



BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 539-0002  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

## RE-ROOFING PERMIT CHECKLIST

This form must be completed for applications to be submitted

### 2 Sets of plans

- ☐ Detailed Scope of Work
- ☐ Type of Roofing Material Used

**Proof of Insurance** (The only forms accepted as proof of Worker's Comp. Ins)

### Workman's Compensation: One of the following:

- ☐ C-105.2 Certificate of Worker's Compensation Insurance
- ☐ CE-200 Certificate of Attestation of Exemption
- ☐ U-26.3 State Insurance Fund Version of the C-105.2 Form
- ☐ SI-12 Certificate of Worker's Compensation Self-Insurance
- ☐ GSI-12 Certificate of Group Worker's Compensation Self-Insurance
- ☐ GSI-105.2 Certificate of Participation in Worker's Comp. Group Self-Insurance
- ☐ BP-1 Owner Occupied Residence Affidavit of Exemption

- ☐ Proof of Liability (With Town of Stillwater as Certificate Holder)
- ☐ All information of Owner/Applicant and Contractor/Builder completed
- ☐ **Installation instructions for mechanical equipment (HVAC, Water Heater, Fireplace)**
- ☐ Statement of NYS Energy Code Compliance (Recheck Form 4.7.1 or Equal)

**If any of the information is missing from the application package the Owner/Builder listed on the application will be notified and the application will be placed in the waiting for information file. The application will not be reviewed until all the missing material is received. This is our standard practice for all applications received by the Building Department.**