

TOWN OF GLENVILLE
18 Glenridge Road, NY 12302-4518
(518) 688-1200, Ext. 405 ~ Fax (518) 384-0140
www.townofglenville.org

**APPLICATION FOR
~WINDOWS, SIDING, RE-ROOFING, PLUMBING ~**

Date _____

1) **Building Site Address** _____

2) **Work Applied For** (check all that apply and complete requested information)

___ **New Window(s):** Quantity _____ Size: _____ Header Sizes _____

Are the windows located in a bedroom?: Yes OR No

___ **Siding (Circle One):** Vinyl Cedar Other _____

___ **Roofing (Circle One):** Asphalt Metal Other _____

 *Felt paper required

 *Ice & water barrier required for a minimum of 2 rows.

___ **Plumbing** (describe work to be done) _____

3) **Property Owner's Name** _____ **Day Phone** _____

Mailing Address (if different than site address) _____

City _____ State _____ Zip _____

4) **Contractor's Name** _____ **Day Phone** _____

(Certificate of workers compensation and disability insurance must be provided)

Mailing Address _____ City _____ State _____ Zip _____

5) **Estimated Value Of All Work** (labor and materials) \$ _____

6) **Applicant's Certification:**

I certify that the construction plans and all other information submitted as part of this permit application are accurate.

Signature Of Property Owner _____

(Contractor signature accepted with a copy of the signed agreement with the property owner)

FOR OFFICE USE ONLY:

Date Approved: _____ Fee: _____

Authorized Signature: _____

Notes or Comments: _____
