



TOWN OF MADISON BUILDING DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443 TEL: 203-245-5618

APPLICATION FOR ROOFING, SIDING, FENCING PERMIT

Application For: _____ Roofing _____ Siding _____ Fencing

Job Location: _____

Contractor's Name: _____

Contractor's Address: _____

Registration No.# * _____ Phone #: _____

Owner's Name: _____ Phone #: _____

Owner's Address: *(If Other Than Job Location)* _____

ROOFING: *(No staple guns or nail guns to be used without nail set or staple set as per mfg. instructions – or hand nail only)*

Material: _____ Plywood: *(Give Thickness)* _____

Span of Roof Rafters: _____ Size of Roof Rafters: _____

Spacing on Center: _____ Total Sq. Feet: _____

SIDING:

Type of Material: _____ Total Sq. Feet: _____

FENCING: *(Pool fencing NEEDS DIAGRAM of location of fence and all gates – See Certificate of Zoning Approval for Building Permit)*

Type: _____ Material: _____
(Residential / Industrial / Pool)

Fence Height: _____ Gate Height: _____

Permit #: _____ Permit Fee: \$ _____ Estimated Cost of Work: \$ _____

Approved By: _____ Date: _____
Building Official

***A copy of your Registration and Workmen's Compensation Insurance Certificate if applicable, must be presented at time of application.**