

Village of Pawling Building Department

9 Memorial Avenue Pawling, New York 12564

Roof Data Sheet

Underlayment

Telephone (845) 855-1128 Fax (845) 855-9317 www.villageofpawling.org Email: bldgsecy@villageofpawling.org

Address:	
Block: Lot	
Permit # Contractor	
Roof Classificati	<u>on</u>
Shingle Tile Metal Oth	ner
Flat Roof Area (sq. ft):Sloped Roof Area (sq. ft):	Total Area (sq. ft):
(1) Number of Existing Layers:	
(2) Number of Existing Layers to be removed:	
(3) Sheathing to be removed and replaced: Yes No	0
If yes, new sheathing type and size: Type:	
Waterproofing type if new: Ice Shield	
(4) Fascia and soffit to be removed and replaced: Yes	No
If Yes, Material:	
(5) Soffit Vent	_
(6) Gutters and leaders to be removed and replaced: Yes	No
If yes, Size: Type:	Color:
If No Ridge and soffit vents provided, Indicate louve	ers existing: Yes No
If no, provide vents	
Product Approvals are required to be onsite.	
It is imperative that all phase of the roof installation is inst the next step.	pected and approved before moving onto
Additional Information:	Field of Roof System Flashing Hips Vent Pipe
Signature of the Contractor:	Rake Fascia Soffit Gable Drip Edge Eaves Rafter