Date: NAME: ADDRESS: SECTION 3 BLOCK _____ LOT ____ Gentlemen, We are making application for replacement, repair and/or recovering of existing slate shingles at _____ We will install natural quarried slate in place of present slate. This roofing will match existing in color, type and material. New slate roofing shall be natural quarried slate. We also agree not to change or eliminate any architectural feature. Where replacements are necessary, new construction will match the approved original (this refers to ornament, railings, cornices, posts, etc.) Slate will be properly backed and applied according to the rules of good practice. Existing construction that is rotted or in need of replacement will be replaced. New saturated felt shall be installed under all roof shingles min. 30 lbs for slate roofs. Workmen's Compensation Certificate and Nassau County License has been submitted herewith. Very truly yours, AREA _____Sq. Ft. TYPE Material Print Name COLOR _____ Title: Company: _____ Sworn to before me this ____day of ______201____

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INCORPORATED VILLAGE OF MUNSEY PARK

Notary Public, Nassau County, N.Y.