

APPLICATION FOR RESIDENTIAL
 ROOFING PERMIT COMMERCIAL



7607 W College Drive
 Ph: (708) 361-1804 Fax: (708) 923-7112
building@palosheights.org

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ _ _ - _ _ _ _

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS		
LOCATION OF IMPROVEMENT	ADDRESS _____ SUBDIVISON _____ LOT _____	
OWNER	NAME _____	PHONE
	ADDRESS _____	Home: _____
	EMAIL _____	Business: _____ Cell: _____
CONTRACTOR	NAME _____	Business: _____
	ADDRESS _____	
	CONTACT _____ EMAIL _____	Cell: _____
<input type="checkbox"/> OVERLAY (2 LAYERS MAX.) <input type="checkbox"/> TEAROFF		TOTAL COST OF IMPROVEMENT \$ _____
Submit Copy of Illinois State Roofing License. Dumpsters must be placed on private property and no closer than 5 ft. to the lot line.		
***Ice and Water Shield required, as well as Ice and Water Shield Inspection before any new shingles can be installed.		
***Final inspection required.		
Call Building Department for Inspections. 24 Hour Notice Required.		
BUILDING DEPARTMENT USE ONLY		
BUILDING PERMIT NO. _____	I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit. I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.	
BUILDING PERMIT FEE \$ _____		
APPROVED BY _____	_____ Print Name	_____ Date
	Signature of Applicant	