

APPLICATION FOR ROOFING/GUTTER PERMIT

RESIDENTIAL
 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 _____	Cell: _____	
	EMAIL _____		
<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 membrane required.			
Final inspection required.			
Call Building Department for Inspections. 24 Hour Notice Required.			
BUILDING DEPARTMENT USE ONLY		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 NO. _____			
BUILDING PERMIT FEE \$ _____			
APPROVED BY _____			
		_____ Print Name	
		_____ Signature of Applicant	
		_____ Date	