

Fee \$ _____ R.E. # _____ Permit # _____

CITY OF HOMETOWN
APPLICATION FOR ROOFING PERMIT

Owner Name: _____ Phone: _____

Building Address _____

Person, Firm or Corporation doing work
Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Illinois Roofer's License NO: _____

Portion of building being roofed:

- 1.) Please check all that will be re-roofed
- 2.) List Amt. of Sq. Ft to be covered for each

		Sq. Ft.
Whole House		
Addition Only		
Garage		
Garage Only		
Front Half only		
Rear Only		

TEAR OFF: Yes _____ No _____

(Mandatory) This section must be completely filled out

Brand and Color at present _____

Brand and Color of attached Duplex _____

Brand and Color to be used _____

Type of shingle: 3 Tab _____ Architectural: _____

Cost of Construction: \$ _____

(Mandatory)

CONTRACTORS SIGNATURE _____

(Mandatory)

HOMEOWNERS SIGNATURE _____

APPROVED

DENIED

By: _____ Date _____

Date Issued: _____

(REVISED 2002)