

VILLAGE OF NORTHFIELD
APPLICATION FOR PERMIT TO DO ROOFING WORK

(847) 784-3551

Job Address: _____

Owner's Name: _____

Phone Number: (_____) _____

Job Description: _____

(Type of building such as residence, garage, etc. and is it a tear off and re-roof).

Type of Shingle to be used (asphalt, cedar, etc.): _____

[All cedar or wood shingles must be Class "C" Fire Rated]

Roofing Contractor: _____

Address: _____

City: _____ Zip Code: _____ Phone Number (____) _____

E-mail: _____

State License Number: _____

Print Name of Licensed Roofer: _____

Signature of Licensed Roofer: _____

Approved by: _____ Date Approved: _____

Notes: _____

PERMIT FEE **\$100.00**

CONSTRUCTION HOURS SIGN **\$20.00**

Account #01-00-425-4153

TOTAL PERMIT FEE \$ _____

Please provide a copy of the State of Illinois license with the application.

Ice and water shield inspection and final inspection is required – 24 hour notice for the inspection

PERMIT NUMBER: _____

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