

VILLAGE of ORLAND HILLS

PRINT or TYPE

16033 South 94th Avenue
Orland Hills, Illinois 60477

PRINT or TYPE

Please check which construction projects will be included in this permit.

REROOFING PERMIT APPLICATION

[] Windows [] Siding [] Gutters [] Soffit [] Fascia

Construction Address: _____ {Construction Cost _____}

Owner's Name: _____ Phone: _____

Applicant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Lot. ___ Blk. ___ Subd. ___ Twp. ___ P.I.N.# _____

Contractor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

NOTE Roofing contractors must be licensed by the state and village & bonded by their insurance company.

FOR [] WINDOWS PLEASE ANSWER THE FOLLOWING:

- (1.) Are any new openings being installed? [Yes] [No]
(2.) Are any existing openings being enlarged? [Yes] [No]

FOR [] Siding [] Gutters [] Soffit [] Fascia PLEASE INCLUDE A COPY OF THE SIGNED CONTRACT.

FOR [] REROOFING PLEASE COMPLETE THE FOLLOWING:

- (1.) Number of layers of roof shingles on existing roof: _____
(Maximum of 1 layer or this must be a tearoff.)
(2.) Existing roof shingles to be removed: (circle one) [Yes] [No]
(3.) Decking is being replaced: (circle one) [Yes] [No]
(4.) If "Yes" - What type of decking is being applied? _____
(5.) What type of vents? _____ How many? _____
(6.) Fastners to be used: Type _____ Size _____

I hereby declare that all statements are true to the best of my knowledge and belief. It is my understanding that no error or omission in either the specifications, plans, survey or application, whether said plans or application has been permitted, shall permit or relieve the applicant, from having all work completed in any other manner than that allowed by the Village of Orland Hills Codes and Ordinances and the statutes of the State of Illinois.

Signature of Applicant: _____ Date: _____

I hereby authorize the applicant and those listed on the contractors list, to perform any/all work necessary to complete the requirements of this permit.

Property Owner's Signature: _____ Date: _____

Date Rec: _____ App By: _____ Date: _____ Permit _____
Fees: _____ Date Paid: _____ Cash/Check: _____ Permit Expires: _____

Phone: 708/349-4887

REQUEST INSPECTION AS INDICATED ON INSPECTION LIST

Fax: 708/349-1358