



VILLAGE of WESTCHESTER

10300 ROOSEVELT RD. 60154
Phone (708) 345-0199 Fax (708) 345-0884

Application for Roofing Permit

(please print)

Name of Resident: _____ Phone: _____

Address: _____
street city state zip

Contractor: _____ Phone: _____

Contractor's Address: _____
street city state zip

State of Illinois License Number: _____

Type of Roof: FLAT _____ PITCHED _____

Type of Work: TEAR OFF _____ REROOF _____ (Only two layers maximum are allowed)

Fees: Residence Tear Off \$65.00
Residence Reroof \$50.00
Garage Roof Only \$50.00

Cost of Job: _____

Water and ice shield are required on all residential shingle roofs. The shield must extend up the roof to a point that is equal to 24 inches inside the interior wall surface.

Shingle staples are not allowed

All chimney flashing, roof intersections and cricket flashing shall be sheet metal only

Signature: _____

Date: _____

Print Name: _____

Fee Paid: _____ Code: _____ Date: _____ Permit Number: _____