

VILLAGE of ORLAND HILLS

PRINT or TYPE

16033 South 94th Avenue
Orland Hills, Illinois 60487-4623

PRINT or TYPE

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

(Rev. May-2010)

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:

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

FOR WINDOWS PLEASE ANSWER THE FOLLOWING:

- (1) What year was this house built? If before 1978, include a copy of the signed Homeowner's Pre Renovation Form
(2) Are any new openings being installed? [ Yes ] [ No ]
(3) 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: (Max. 1 layer or must tearoff.)
(2) Existing roof shingles to be removed: (circle one) [ Yes ] [ No ]
(3) Decking is being replaced:( circle one ) [ Yes ] [ No ] What type of decking?
(4) What type of vents? How many?
(5) 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:

If the property owner does not sign, the Village needs a copy of a signed contract with the property owner's signature.

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

Phone: 708/349-4887 PLEASE REQUEST FINAL INSPECTION WHEN COMPLETE Fax: 708/349-1358