

**City of Rockford, Illinois**

Community & Economic Development Department  
 Construction and Development Services  
 425 East State Street, Rockford, IL 61104  
 Phone: (815) 987-5550 Fax: (815) 967-4243 TDD (815) 987-5718  
 Web: www.rockfordil.gov



**ROOFING PERMIT APPLICATION**

<b>Project &amp; Owner Information</b>			
Project Address		P.I.N.	
<b>Type of Property:</b> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Fam. (3-8 Units) <input type="checkbox"/> Multi-Fam. (9+ Units) <input type="checkbox"/> Commercial/Industrial			
Company / Business Name (if commercial)			
Owner's Name		Phone	Fax/Email
Owner's Address		City	State      Zip
<b>Roofing Contractor</b> <i>**If applicant is exempt from State License, the Affidavit for Roofing Permit must be completed.</i>			
Company		Contact Person	
Address		City	State      Zip
Phone	Fax	<b>License #</b>	<input type="checkbox"/> Limited <input type="checkbox"/> Unlimited
<b>Description of Work</b>			
<input type="checkbox"/> Complete Tear Off and Re-Roof <input type="checkbox"/> Repair <input type="checkbox"/> Overlay <input type="checkbox"/> Replace Sheathing <input type="checkbox"/> Other:			
Total Cost of Project (Labor, Materials, Overhead & Profit): \$		Expected Start Date:	Expected Completion Date:
<b>Signature X</b>		<b>Date:</b>	
<b>How do you prefer to receive your permit?</b>			
<input type="checkbox"/> Fax / <input type="checkbox"/> Email:			



----- PLEASE REMOVE BOTTOM PORTION AND DISPLAY AT JOB SITE -----

▼ THIS SECTION TO BE COMPLETED BY CITY STAFF ▼

# ROOFING PERMIT

ADDRESS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

DATE OF PERMIT \_\_\_\_\_ PERMIT # \_\_\_\_\_

▶▶ If a Dumpster is to be on a Public Street, a Right of Way permit is required. – Call (815) 967-6744

Approved By: _____  Approval Date: _____	Permit Fee (1010-1000-60221)      \$ _____
	Tech Fee (1010-1000-60228)      \$ _____
	Total Fees:      \$ _____
	[Invoice No.: _____ ]