

**APPLICATION FOR ROOFING PERMIT**

City of Trenton, Illinois

14 West Broadway, Trenton, IL 62293

Phone: (618) 224-7323 Fax (618) 224-9136 www.trenton-il.com

(Do not write in this space -- For office use only)

Date: \_\_\_\_\_, 20\_\_\_\_\_

Permit fee to be paid to City Clerk

( ) Permit issue No. \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

( ) Permit denied

Application Fee: \$50.00 Date: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANTS:** All information required by the application must be completed and submitted herewith, including a copy of IL Roofing License.

1. Name of property owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Property Owners Signature required if Rental Property: \_\_\_\_\_ Date: \_\_\_\_\_

2. Applicant's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

3. Property interest of applicant (Owner, Renter, etc.): \_\_\_\_\_

4. Property address (9-1-1 approved) of proposed Job: \_\_\_\_\_

5. Description of work being done (be specific) house, garage, or both/tear off, reroof: \_\_\_\_\_

6. Company Name: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Business Phone, Business Fax, Other (cell, email, etc.): \_\_\_\_\_

7. IL Roofing License #: \_\_\_\_\_

**DUMPSTERS REQUIRE A PERMIT. Contractors must be state licensed. Contracts are required on all types of projects. No more than 2 layers or 2 roofs are permitted.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Permit Issue No. R- \_\_\_\_\_

Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

**PERMIT MUST BE ON JOB SITE**

\_\_\_\_\_  
Chief Building and Zoning Official