

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: \$60.00 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