



City of West Chicago

Community Development Department
475 Main Street, West Chicago, IL 60185
Phone: (630) 293-2200 x 131 / Fax: (630) 293-1257

Permit Number: _____
Date Received: ____ / ____ / ____
Permit Fee: \$ _____
FOR OFFICIAL USE ONLY

APPLICATION FOR ROOF REPLACEMENT (non-structural)

(Property Owner)

(Address)

(Phone)

(Roofing Contractor)

(Address)

(Phone)

(State License Number)

TYPE OF BUILDING:

_____ Single Family _____ Multi-family _____ Non-Residential

TYPE OF REPLACEMENT:

_____ Tear-off _____ On top of existing

TYPE OF MATERIALS:

METHOD OF ATTACHMENT:

ESTIMATED COST OF PROJECT: \$ _____

STATEMENT OF APPLICANT:

I certify that all of the above statements are true and accurate and that all work performed will be in accordance with said statements.

(Signature of Applicant)

(Print Name)

_____/_____/_____
(Date)