



# 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)