

City of Streator
204 S. Bloomington Street
Streator, Illinois 61364
815/672-2517 fax 815/672-7566



APPLICATION FOR A ROOFING PERMIT

Permanent Parcel # _____

Name of Owner: _____

Owner Address: _____ Telephone: _____

Project Location: _____

If other than owner doing the work:

Contractor Doing Work: _____ Telephone: _____

Contractor Address: _____ Roofing Lic. #: _____

City Regist. #: _____

Existing Roof Type (Asphalt/Clay/Metal/Etc.): _____ # of Existing Shingle Layers: _____

Type of Work (Repair/Reconstruction/Maintenance): _____ Proposed Roof Type: _____

Desired Start Date: _____

I certify that the above information is true and correct to the best of my knowledge. In addition I also certify that any Contractor employed to perform work in conjunction with this permit is licensed in accordance with the *Illinois Roofing Industry Licensing Act*. I also understand that should it be discovered that a non-licensed roofer is performing work in conjunction with this permit that the Contractor will ordered to stop and no work will be allowed to occur until such time as a licensed roofer is hired to complete the work. In addition I agree that the state license number for the licensed roofing Contractor shall be displayed on a sign located on the property in view of the road per the *Illinois Roofing Industry Licensing Act*.

Applicant's Signature: _____ Date: _____

Fee: \$25.00

Amount Paid: \$ _____ Collected by: _____ Date: _____

Permit #: _____ Signature of Building Inspector: _____

Date Permit Issued: _____

Final Inspection by: _____ Date of Final Inspection: _____