

## ROOFING PERMIT APPLICATION



FOR OFFICE USE ONLY	
PERMIT NUMBER	PERMIT FEE

### PROJECT LOCATION

PROJECT STREET ADDRESS		DATE
OWNERSHIP	CONTRACTOR	
OWNER'S NAME	CONTRACTOR'S NAME	
ADDRESS	ADDRESS	
CITY/STATE/ZIP	CITY/STATE/ZIP	
TELEPHONE CONTACT NUMBERS	TELEPHONE CONTACT NUMBERS	
RICO PARCEL #	STATE LIC #	

PROJECT DESCRIPTION	ESTIMATED TOTAL COST
_____ _____ _____ <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	\$ _____  Is this a Landmark or historic district?  <div style="text-align: right;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No                 </div>

Owner occupied?:  Yes    No      Tear off?:  Yes    No       House    Garage

Other \_\_\_\_\_       Commercial \_\_\_\_\_

Type of material will be used?: \_\_\_\_\_

# of squares: \_\_\_\_\_ SqFt of sheeting: \_\_\_\_\_

Number of layers of roofing when finished: \_\_\_\_\_

### ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island.

**Signature of Owner/Contractor:** \_\_\_\_\_

### FOR OFFICE USE ONLY

ZONING APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

CITY ENGINEER: \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING OFFICIAL: \_\_\_\_\_ DATE \_\_\_\_\_

**Inspection Division • 1528 Third Avenue • Rock Island, Illinois • 61201-8678 • Phone: (309) 732-2910 • Fax: (309) 732-2930**