

VILLAGE OF NEW LENOX

REROOF PERMIT FORM

PERMIT NO. _____

Name of Applicant: _____

Applicant is: _____ contractor _____ property owner

Address: _____
(Note: print project address)

P.I.N. # of property: _____

Contact Phone # _____ Estimated Value of project \$ _____

STRIP: YES _____ NO _____ ICE AND WATER SHIELD REQUIRED

REROOF: YES _____ NO _____ If yes, # of existing roofs: _____

WORK TO BE COMPLETED BY:

_____ Property Owner: _____

or

_____ Contractor: _____

Address: _____

City: _____ State _____ Zip _____

State of Illinois State Roofers License Number: _____

Village of New Lenox Contractor Registration # _____

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE VILLAGE BOARD OF NEW LENOX.

Signature of Applicant: _____

FOR OFFICE USE ONLY

Permit Issued By: _____

Date Issued: _____

Comments: _____