



G O D F R E Y

ILLINOIS

You can see your future from here

BUILDING & ZONING

ROOF PERMIT

DATE: _____

PARCEL ID: _____

NEW ROOF: _____ ROOF REPAIR: _____

RESIDENTIAL (\$35) _____ COMMERCIAL (\$60) _____

ADDRESS OF CONSTRUCTION: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S PHONE: _____

ROOFER'S LICENSE #: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE: _____

RETAIL COST OF PROJECT: _____

PLEASE ATTACH COPY OF ROOFER'S LICENSE IF NOT ALREADY ON FILE WITH THE VILLAGE OF GODFREY

IF ANY TRUSSES ARE BEING REPLACED, PLEASE ATTACHED SEALED TRUSS DRAWING



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SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

PERMIT # _____

COST OF PERMIT: _____

PAID: _____