

# G O D F R E Y



## I L L I N O I S

### ROOF PERMIT

DATE: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

NEW ROOF: \_\_\_\_\_ ROOF REPAIR: \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

ADDRESS OF CONSTRUCTION: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

CONTRACTOR'S PHONE/EMAIL: \_\_\_\_\_

ROOFER'S LICENSE #: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS (if different from above): \_\_\_\_\_

OWNER PHONE/EMAIL: \_\_\_\_\_

PLEASE ATTACH COPY OF ROOFER'S LICENSE IF NOT ALREADY ON FILE WITH THE VILLAGE OF GODFREY.  
(HOMEOWNER MAY PREFORM WORK WITHOUT A LICENSE, BUT MUST BE ON SITE AT ALL TIMES WHILE WORK IS  
BEING DONE.) IF ANY TRUSSES ARE BEING REPLACED, PLEASE ATTACHED SEALED TRUSS DRAWING. INSPECTIONS  
ARE DONE BEFORE NEW SHINGLES ARE LAID. WE REQUEST 24 HOUR NOTICE FOR THESE INSPECTIONS, WHEN  
POSSIBLE. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE  
SCHEDULE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

*I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.*

6810 GODFREY ROAD ● BOX 5067 ● GODFREY, IL 62035

PHONE: 618-466-1206 ● FAX: 618-466-4519

[buildingzoning@godfreyil.org](mailto:buildingzoning@godfreyil.org)