



# ROOF PERMIT

<b>OFFICE USE ONLY:</b>
FEES:
TOTAL:
PAID:

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

ADDRESS OF PROJECT: \_\_\_\_\_

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

LAYOVER: \_\_\_\_\_

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

PROPERTY OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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

**ROOFING COMPANY:** \_\_\_\_\_

REGISTERED WITH VILLAGE OF GODFREY? YES \_\_\_\_ NO \_\_\_\_ *\*if not, please fill out contractor registration form*

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RETAIL COST: \_\_\_\_\_ PROJECTED START DATE: \_\_\_\_\_

SQUARE FOOTAGE OF IMPROVEMENT: \_\_\_\_\_

Is this property overseen by a home owner's association (HOA)? Yes \_\_\_\_ No \_\_\_\_

If yes, will approval by the HOA be required for this project? Yes \_\_\_\_ No \_\_\_\_

*Please attach approval letter to this application if needed.*

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.*