



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit #: _____

ROOF PERMIT APPLICATION

Name of Owner: _____ Email: _____

Owner Address: _____ Phone #: _____

Project Location: _____

If other than owner doing the work:

Contractor Doing Work: _____ Phone #: _____

Contractor Address: _____ City/State/Zip: _____

Roofing License #: _____ City Registration #: _____

Number of Existing Layers: _____ Proposed Roof Type: _____

Type of Existing Roof (Asphalt/Clay/Metal/Etc.): _____ Desired Start Date: _____

I certify that the above information is true and correct to the best of my knowledge. In addition I also certify that any Contractor employed to perform work in conjunction with this permit is licensed in accordance with the *Illinois Roofing Industry Licensing Act*. I also understand that should it be discovered that a non-licensed roofer is performing work in conjunction with this permit that the Contractor will be ordered to stop and no work will be allowed to occur until such time as a licensed roofer is hired to complete the work. In addition I agree that the state license number for the licensed roofing Contractor shall be displayed on a sign located on the property in view of the road per the *Illinois Roofing Industry Licensing Act*.

Applicant's Signature: _____ Date: _____

Fee:

- Residential \$25.00
- Commercial \$100.00



Signature of Building Inspector: _____

Date Permit Issued: _____

Final Inspection by: _____ Date of Final Inspection: _____