

Village of Hillside
425 N. Hillside Ave.
Ph # (708) 202-3434

PERMIT # _____

DATE RECD. _____

APPLICATION FOR ROOFING PERMIT

ADDRESS OF WORK: _____

NAME OF OWNER OR USER: _____ PH # (____) _____

CONTRACTOR'S NAME: _____ PH # (____) _____

CONTRACTOR'S ADDRESS: _____

PROPERTY INDEX NUMBER: _____ VALUE OF CONST.: \$ _____

VILLAGE CODE REQUIREMENTS:

1. RESIDENTIAL- MAXIMUM NUMBER OF ROOFING APPLICATIONS ALLOWED IS (2) BEFORE TEAR OFF TO SHEATHING.
2. RESIDENTIAL ROOF VENTILATION - TOTAL NET FREE VENTILATION AREA = 1 TO 300, CORNICE/ EAVE TO RIDGE, MIN. VENTILATION OF 50% NOT TO EXCEED 80% LOCATED 3' ABOVE CORNICE/EAVE.
3. USE OF ASPHALT/ FIBERGLASS SHINGLES IS PROHIBITED FOR ROOF SLOPES LESS THAN 4 UNITS VERTICAL IN 12 UNITS HORIZONTAL
4. ICE BARRIER REQUIRED – FROM THE EDGE OF THE EAVE TO A POINT AT LEAST 24" INSIDE THE EXTERIOR WALL LINE OF THE BUILDING.
5. CONSTRUCTION HOURS RESTRICTIONS 7AM – 7PM

OFFICE USE ONLY

DEPARTMENT FEES:

Building \$ _____

Demolition / Misc. \$ _____

OTHER FEES:

Technical Services \$ _____

Contractor's License \$ _____

Fines \$ _____

TOTAL: \$ _____

REQUIREMENTS LISTED BELOW MUST ACCOMPANY THE APPLICATION:

___ \$10,000 LICENSE/PERMIT BOND ___ COPY OF STATE ROOFER'S LICENSE ___ CERTIFICATE OF INSURANCE

I, the undersigned, hereby apply to the Building Department of the Village of Hillside, Illinois for a permit to perform the above mentioned work. If this permit is granted, I will comply with all the ordinances relating to the permit and pay all fees required. All work covered by this permit is to commence within three months of date of issuance, to be completed within nine months from the date of issuance and subject to the required inspections.

No error or omission in either the plans or application, whether said plans have been approved by the Building Inspector or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of this Village relating thereto.

APPROVED FOR PERMIT

APPLICATION REQUESTED BY

SIGNATURE: _____ SIGNATURE: _____
VILLAGE AGENT OWNER/APPLICANT

DATE: _____ DATE: _____ PH # (____) _____

WHITE=OFFICE COPY

YELLOW=RESIDENT COPY

PINK=INSPECTOR COPY