



VILLAGE OF ROSEMONT

VILLAGE OF ROSEMONT
BUILDING DEPARTMENT
9501 W. DEVON AVENUE
ROSEMONT, IL 60018
(847) 825-4404

ROOF PERMIT APPLICATION

FOR OFFICE USE ONLY

DATE APPROVED: _____ PERMIT # _____ FEE: _____

PROJECT COST: _____ COMMERCIAL - \$100.00 RESIDENTIAL - \$50.00

OWNER INFORMATION	
OWNER/TENANT	
PROPERTY INDEX NUMBER	
ADDRESS	
PHONE	

CONTRACTOR INFORMATION		
COMPANY		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	EMAIL	
STATE LICENSE NUMBER	ROSEMONT CONTRACTOR LICENSE NUMBER	

SCOPE OF WORK: TEAR-OFF RE-ROOF **DUMPSTER LOCATION:** PRIVATE PROPERTY TRUCK

ADDITIONAL INFORMATION

INSPECTIONS

- NO MORE THAN TWO LAYERS OF ROOFING ARE ALLOWED
- NATURAL VENTILATION MUST BE PROVIDED:
1 SQ. FT. PER 150 SQ. FT. OF ATTIC SPACE; WHEN SOFFIT OR EAVE VENTS ARE INSTALLED, THE RATION MAY BE REDUCED TO 1 SQ. FT. PER 300 SQ. FT. OF ATTIC SPACE. MUST MEET ASTM D 3462 STANDARD
- ICE AND WATER SHIELD IS REQUIRED. IT MUST EXTEND FROM THE EAVE'S EDGE TO A POINT OF AT LEAST 24 INCHES (610MM) INSIDE THE EXTERIOR WALL LINE OF THE BUILDING
- MASONRY FLASHINGS ARE REQUIRED TO BE MADE OF METAL AND LET INTO BRICK 5/8"
- SIDEWALL FLASHINGS ARE REQUIRED TO TERMINATE BEYOND THE SIDING OR KICK OUT SO THAT WATER DOES NOT DRAIN BEHIND THE SIDING

- INSPECTION REQUIRED UPON COMPLETION OF WORK
- PLEASE CALL THE BUILDING DEPARTMENT 24 HOURS IN ADVANCE TO SCHEDULE AN INSPECTION
- PERMIT IS VALID FOR 6 MONTHS

THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT ALL WORK DONE UNDER THE PROPOSED PERMIT WILL CONFORM TO THE DIRECTIONS AS OUTLINED HEREIN

OWNER/APPLICANT _____ SIGNATURE _____