

Village of New Lenox
Community Development
1 Veterans Parkway
New Lenox, IL 60451
815.462.6490
815.462.6469(fax)
www.newlenox.net

the Village of New Lenox

"Home of Proud Americans"



Roofing Permit Application

PERMIT #: _____

SITE INFORMATION:

PROPERTY ADDRESS: _____

PROPERTY INDEX NUMBER (P.I.N.): _____

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

APPLICANT IS THE: **CONTRACTOR** **PROPERTY OWNER** (PLEASE CIRCLE ONE)

***APPLICANT MUST ATTACH COPY OF GOVERNMENT ISSUED IDENTIFICATION (I.E. DRIVER'S LICENSE)**

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

PROJECT INFORMATION:

ESTIMATED VALUE OF PROJECT: _____

STRIP: YES ___ NO ___ **ICE AND WATER SHIELD REQUIRED**

REROOF (OVERLAY EXISTING): YES ___ NO ___ IF YES, NUMBER OF EXISTING ROOFS: _____

WORK TO BE COMPLETED BY:

_____ PROPERTY OWNER: _____

_____ CONTRACTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL ADDRESS: _____

CONTRACTOR REGISTRATION #: _____

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE NEW LENOX VILLAGE BOARD.

APPLICANT'S SIGNATURE: _____

DATE: _____