



City of Edwardsville, Illinois Roof Permit Application

Permit Number

Date:

Project Address Information

Site Address:	
Type of Structure:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-family (3+ units) <input type="checkbox"/> Commercial
Property ID#:	
Subdivision & Lot #:	
Rental Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future Use
Estimated Cost of Work:	\$
Scope of Work/ Type of Roof	

Owner Information

First & Last Name:	
Mailing Address:	
Phone Number:	
Email Address:	

Roofing Contractor Information

Company Name:	
Mailing Address:	
Phone Number:	
Email Address:	
Roofers License #:	

Please provide a copy of your Illinois roofing contractor's license and government issued photo ID (i.e. driver's license, state id, etc). Illinois law requires all roofing work to be performed by state licensed roofing contractors. An exception is if a property owner is performing roofing on their own personal property.

PERMITS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. The application must be filled out completely and all required documentation submitted. The review process begins once all the required information has been submitted. **YOU WILL BE NOTIFIED WHEN YOUR PERMIT HAS BEEN PROCESSED AND THE PERMIT CARD IS READY FOR PICK-UP. **PERMIT CARD MUST BE POSTED ONSITE****

I hereby affirm the above statements are true and correct and comply with the provisions of the ordinances of the City of Edwardsville and adopted codes. **I understand that I may need additional approval for the proposed improvements from the homeowner's association or Historic Preservation Commission if applicable.** I hereby certify that the proposed work is authorized by the owner of record and approval has been given by the owner for submission of such application.

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Printed Name

Signature

Office Use:

Date Received:				
Approval Date:			Inspectors Initials:	
Paid Date:		Amount:	\$	Check #:

HPC Approval Needed: ******Yes No

Approval Date:	
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**Certificate of Appropriateness Form to be completed

Return to:

City of Edwardsville
 Public Works Department
 200 E Park St
 Edwardsville, IL 62025
 Office: 618-692-7535
 Web: www.cityofedwardsville.com
 Email: publicworks@cityofedwardsville.com