



Village of
Willow Springs

BUILDING AND ZONING DEPARTMENT
1 VILLAGE CIRCLE
WILLOW SPRINGS, ILLINOIS 60480
708-467-3700
FAX 708-467-3710
vowsbuild@gmail.com

PERMIT# _____

ROOF (NEW/REROOF) PERMIT APPLICATION. Includes skylights, gutters, soffit, fascia. Use building permit for siding, windows & doors.

Location of Work and Owner Information:	Job Address:		Date:
	Owner/Business Name:		
	Real Estate Index No. (PIN): _____-_____-_____-_____-_____		
	Owner Phone:		
	Owner Email:		
Description of Work:			
Cost of Work:	\$ _____	<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family ___ Units <input type="checkbox"/> Commercial <input type="checkbox"/> Flat Roof	
Contractor #1 Information: <input type="checkbox"/> GC <input type="checkbox"/> Roofer <input type="checkbox"/> Other	Business Name:		CL#
	Business Address:		Bond Expires:
	Contact Person:		State Lic Exp:
	Email:	Phone:	
	Type of Contractor:	Roofing License#	
Contractor #2 Information: <input type="checkbox"/> Roofer <input type="checkbox"/> Other	Business Name:		CL#
	Business Address:		Bond Expires:
	Contact Person:		State Lic Exp:
	Email:	Phone:	
	Type of Contractor:	Roofing License#	
Applicant:	Printed Name:		
	Phone:		
	Email:		
<p>I, the Owner/Agent/Contractor for the above property hereby applies to the Building and Zoning Department of the Village of Willow Springs, IL for a permit to erect, alter, construct, or enlarge the structure or part thereof herein described, and if granted the permit applied for, agrees to comply with all requirements of the village ordinances relating thereto by such ordinances including, but not limited to, paying the fees required and requesting necessary inspections.</p>			
Applicant Signature _____		Date _____	
Village Use:	Building Official:	Signature:	Date:
			FEE: