



ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480

708-467-3700 | FAX 708-467-3710

CONTACT@WILLOWSPRINGS-IL.GOV

ROOF (NEW/REROOF) PERMIT APPLICATION

PERMIT # _____

Includes skylights, gutters, soffit, fascia. Use building permit for siding, windows & doors

Location of Work and Owner Information:	Job Address:	
	Owner/Business Name:	
	Real Estate Index No. (PIN): _____ - _____ - _____ - _____ - _____	
	Owner Phone:	
	Owner Email:	
Description of Work:		
Cost of Work:	\$	
Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family _____ Units <input type="checkbox"/> Commercial <input type="checkbox"/> Flat Roof	
Contractor 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 #:
Applicant:	Printed Name:	
	Phone:	
	Email:	
<p>I, the Owner/Agent/Contractor for the above property hereby apply 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> <p>Applicant Signature: _____ Date: _____</p>		