

VILLAGE OF ELMWOOD PARK



ROOFING INFORMATION

TO BE COMPLETED ALONG WITH PERMIT APPLICATION

OWNERS NAME & JOB LOCATION , DATE: _____

NAME: _____

ADDRESS: _____ PHONE: _____

CONTRACTOR.

NAME: _____ ADDRESS: _____

TOWN: _____ PHONE: _____

ROOFERS ILLINOIS STATE LICENSE #, _____

ICE & WATER SHIELD REQUIRED (IRC R905.1.2 / IBC1507.1.2)

Signature: _____

Roof Tear Offs. Do not drive nails into roof sheathing.

Tear Off: _____ House: _____ Garage: _____ Commercial Building: _____

Layers Existing: _____

Type of Roof to be Applied: _____

Shingle Type: _____ Weight: _____ Class. A _____ B _____ C _____

Number of Moppings: _____

Type of Flashings: _____

Size of Nails: _____

Number of Roof Vents: _____

Valley Protection: _____

Repair of Roof Prior to New Roof:....Yes: _____ No: _____

Replace – Explain: _____

Dumpster to be Used:.....Yes: _____ No: _____

Name of Dumpster/Scavenger Co.: _____

Roofers Own Dumpster: _____

Chimneys, Soil Pipes and all Flashing Sealed. Starter Shingle Required.