Permit # _____

ROOFING

Building & Code Enforcement Division
200 S Fourth Street - DeKalb, IL 60115
Phone: (815) 748-2070

ROOFING PERMIT APPLICATION

LOCATION OF ROOF INSTALLATION
Please provide the address ➔ ➔ ➔

PERMIT SUBMITTAL REQUIREMENTS / Choose "A" or "B"

☐ **"A" ROOF RECOVER** - Check this box if an additional roof covering is being installed over the EXISTING ROOF without removing the Existing Roof Covering. Limit to 2 layers total.

~ ~ ~ **OR** ~ ~ ~

☐ **"B" ROOF REPLACEMENT** - Check this box if the Existing Roof Covering is being removed while repairing any damaged substrate, and installing a New Roof Covering

- ☐ A Self-Adhering Polymer Modified Bitumen Sheet shall be installed from the eves edge to a point at least **24 inches** in from the **interior face of the exterior wall** line of the building.
- ☐ Provide a Drip Edge at eaves and gables of shingle roofs.

Sheathing Replacement?? ☐ Yes ☐ No ☐ Square Feet

Required Inspections: (1) Ice & Water Shield Inspection and (2) Final Inspection

Call at least 24 hours prior to requested inspection.

PROPERTY OWNER'S INFORMATION — **If Property Owner is the applicant, check here ➔** ☐

Name: _____

Address: _____

Phone: _____ E-MAIL ADDRESS: _____

CONTRACTOR'S INFORMATION — **If Contractor is the applicant, check here ➔** ☐

Name: _____

Address: _____

Phone: _____ E-MAIL ADDRESS: _____

The contractor represents that they are a State of Illinois Licensed Roofing Contractor doing the roofing work at the above referenced address, in accordance with the 2015 International Residential Code and ***have provided a copy of their license.***

_____
State License Number

SIGNATURE OF APPLICANT: X _____ **DATE:** _____

Permit Fees: Residential Roof • $25.00 /// Commercial Roof • Fee Determined upon Review

Typical Roof permits are issued "over the counter".

CITY OF DEKALB USE ONLY

APPROVED BY: _____

DATE: _____ FEE: _____

Permit # _____

ROOFING

IMAGE OF ROOF CROSS SECTION

MATERIALS LIST