



VILLAGE OF LINCOLSHIRE

Roofing Permit

| | | | |
|-------------------|--|------|--|
| Project Address | | | |
| Contractor's Name | | | |
| License # | | | |
| Address | | | |
| State | | Zip | |
| Phone Number | | Fax# | |
| E-Mail Address | | | |
| Owner's Name | | | |
| Address | | | |
| State | | Zip | |
| Phone Number | | Fax# | |
| E-Mail Address | | | |
| Construction Cost | | | |

By signing and submitting this permit, I agree to the following:

- A. The Village of Lincolnshire, Department of Community Development, must be notified at least 24 hours in advance of an inspection at 847-883-8600, between the hours of 8:30 a.m. and 4:30 p.m. CST, Monday through Friday.
- B. Overweight permits must be obtained at the Village of Lincolnshire Police Department.
- C. Dumpsters must be placed on private property.
- D. The Roofing Permit Card must be posted so that it is visible from the street.
- E. As the permit applicant, be advised that you are responsible for all Code compliance issues.

- Note: Roofing Contractors are required by Illinois law to affix a copy of their License with number to all contracts and bids. The Roofers License must also be affixed to all business vehicles.

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|--|-------|------|
| | | |
| Signature: Roofing Company or Property Owner | Title | Date |

For Office Use Only

| | | | |
|----------------------------|-------------|---------------|-----------|
| Date Received | | Permit Number | |
| Authorized By | | | |
| Payment/Fee | Check | # | Date Paid |
| | Cash | | |
| | Credit Card | | Visa # |
| Exp. Date | | Master Card | # |
| Card Holder Name/Signature | | | |
| Comments | | | |
| | | | |