



Office of Commissioner of Building and Public Property

**Tear-off / Re-Roof Permit
Application**

8999 W. 123rd Street, Palos Park, IL 60464
Phone (708) 671-3730 Fax (708) 448-9542

Permit # _____ Application Date: _____ **PROJECT ESTIMATE \$** _____

Building Address: _____

CHECK ONE: TEAR-OFF (___) RE-ROOF (___) BOTH (___)

Owner's Name: _____ Phone #: _____

Address: _____

Pin # (Property Tax ID Number) _____ - _____ - _____ - _____ - _____

Roofing Contractor Name: _____ Phone #: _____

Address: _____

State License #: _____

All contractors must have a Village of Palos Park contractor's business license and be bonded and insured.

Please note any additional information pertinent to the project: _____

ADDITIONAL INFORMATION:

1. Permits are valid for one (1) year from the date of issue.
2. All construction is to conform to all Village Building Codes.
3. All construction work is to conform to all Village Ordinances.
4. **ANY** changes to the plans after a permit is issued must be approved by the Director of Building and Zoning, or the permit is subject to a **STOP WORK ORDER**.

Note: If there are two existing layers of shingles a complete tear-off is required.

Signature of Property Owner: _____ Date: _____

Signature of Roofing Contractor: _____ Date: _____

If home owner can not sign permit application then a signed copy of the contract needs to be submitted with permit application.