



Office of Commissioner of Building and Public Property

# Tear-off / Re-Roof Permit Application

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

Permit # \_\_\_\_\_

Application Date: \_\_\_\_\_

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.