



CITY OF LOCKPORT Roofing Application

(Please Print Clearly)

Applicant/Contractor Name: _____ Phone #: _____

Address(es) of Installation: _____

Property Type: Commercial _____ Single Family Home _____ Detached Garage/Shed _____

Townhome _____ # of units _____

Construction Value: \$ _____ Historic District? Yes _____ No _____

Check one: Tear off _____ Overlay _____ (a **maximum** of 2 layers of shingles is allowed)

Shingle Type: _____ Felt Paper: _____

Property Owners Name: _____

Property Owners Phone#: _____

Contractors Name: _____

Contractors Phone#: _____

City Registration #: _____ State License #: _____

Sub-Contractors Name: _____

Sub-Contractors Phone#: _____

City Registration #: _____ State License #: _____

The state license(s) listed above must be valid for the company completing the installation. Sub-contractors must be registered with the City of Lockport & listed on this permit application.

Ice and water shield, felt paper, and gutter flashings are required by code. If two or more layers of shingles exist all roofing materials must be removed prior to the installation of new materials.

I hereby certify that I have read, understand and agree to conform to all governing codes and regulations set forth by the City of Lockport and the State of Illinois.

Printed name of applicant: _____

Signature: _____ Date: _____

For Office Use Only

Permit #: _____

Issued By: _____

Date Approved: _____

Permit Fee: _____

Comments: _____
