

ROOF PERMIT  
CITY OF CLINTON  
DEPARTMENT OF ZONING, BUILDING & PUBLIC SAFETY  
118 W. WASHINGTON ST., CLINTON, IL 61727  
PHONE # (217) 935-6552 FAX # (217) 935-4136

OFFICE USE ONLY

DATE:	PERMIT #:
FEE:	PARCEL #:
ISSUED:	ZONED:

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PROJECT ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

TYPE OF WORK:

TEAR OFF \_\_\_\_\_ RE-SHEETING \_\_\_\_\_

RE-ROOF \_\_\_\_\_ (only 2 layers maximum are allowed)

TYPE OF ROOF      FLAT \_\_\_\_\_      PITCHED \_\_\_\_\_

Water and ice shield are required on all residential shingle roofs. The shield must extend up the roof to a point that is equal to 24 inches inside the interior wall surface.

Shingle staples are not allowed.

All chimney flashing, roof intersections and cricket flashing shall be sheet metal only.

ANTICIPATED START DATE \_\_\_\_\_

ANTICIPATED COMPLETION DATE \_\_\_\_\_

EST. TOTAL VALUE OF PROJECT: \$ \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. **The work needs to be started within 6 months of issuance or the permit will be revoked and it needs to be finished within 1 year unless authorized by the Zoning Officer.**

Signature of Applicant: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_