



THE CITY OF LAKE FOREST  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 800 N. FIELD DRIVE, LAKE FOREST, IL 60045  
 P: (847)810-3521 OR (847)810-3503, F: (847)615-4383  
 WWW.CITYOFLAKEFOREST.COM

ROOFING PERMIT APPLICATION #:

DATE: \_\_\_\_\_

PROJECT ADDRESS:	
PROPERTY OWNER:	PHONE:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):	
PROPERTY OWNER'S EMAIL ADDRESS:	
ROOFING CONTRACTOR:	
MAILING ADDRESS:	
PHONE:	FAX:
STATE OF ILLINOIS ROOFING LICENSE NUMBER:	

**AREAS PROPOSED FOR ROOFING WORK:**

_____ Single Family Dwelling	_____ Duplex	_____ Commercial Building
_____ Multi Family Dwelling	_____ Addition Only	_____ Detached Structure
_____ Other (Describe):		

**DESCRIPTION OF WORK:**

Is there an active Homeowner's Association? \_\_\_\_\_

Are there changes proposed (color, material, etc.)? If so, please describe: \_\_\_\_\_

\_\_\_\_\_ Tear off and Reroof **OR** \_\_\_\_\_ Reroof over existing roof (2 total layers permitted by Code)

\_\_\_\_\_ Number of Squares of Roofing Material to be Applied

Is any hot work (torching) proposed? \_\_\_\_\_

\_\_\_\_\_ Type of Material Proposed

True or Synthetic/Imitation Material? (Circle one)

\$\_\_\_\_\_ is the fair market value of the project including all materials, trades, architectural and engineering fees.

As Property Owner, I hereby agree and acknowledge that all work must be done in accordance with Codes adopted by The City of Lake Forest Code and must be consistent with the approved plans. As Owner, I declare that all information submitted in support of the requested permit is accurate. Falsification of any information will result in penalties as provided for in the Code. By signing this form, owner assumes responsibility for the accuracy of the information provided by the contractor.

Signature of Property Owner: \_\_\_\_\_

Signature of Owner's Authorized Designee (must have Designee Form attached): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

BUILDING PERMIT FEE:	\$ _____	OTHER:	\$ _____
STOP WORK ORDER:	\$ _____	TOTAL FEES: \$ _____	