



Building & Code Enforcement Division

164 E. Lincoln Hwy - DeKalb, IL 60115

Phone: (815) 748-2070

ROOFING PERMIT APPLICATION**Project Address****Project Valuation**

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PERMIT SUBMITTAL REQUIREMENTS / Choose "A" or "B"

☐ **"A" ROOF RECOVER** - Check this box if an additional roof covering is being installed over the EXISTING ROOF without removing the Existing Roof Covering. Limit to 2 layers total.

~ ~ ~ OR ~ ~ ~

☐ **"B" ROOF REPLACEMENT** - Check this box if the Existing Roof Covering is being removed while repairing any damaged substrate, and installing a New Roof Covering

If the roof is being replaced you must:

- 1 Apply a Self-Adhering Polymer Modified Bitumen Sheet from the eaves edge to a point at least **24 inches** inside the **interior face of the exterior wall**.
- 2 Provide a Drip Edge at eaves and gables of shingled roofs.

Sheathing Replacement??

☐

Yes

☐

No

Square Feet

Ice & Water Shield Inspection Required
Call at least 24 hours prior to requested inspection.

PROPERTY OWNER'S INFORMATIONIf Property Owner is the applicant, check here → ☐

Name: _____

Address: _____

Phone: _____

E-MAIL ADDRESS: _____

CONTRACTOR'S INFORMATIONIf Contractor is the applicant, check here → ☐

Name: _____

Address: _____

Phone: _____

E-MAIL ADDRESS: _____

The contractor represents that they are a State of Illinois Licensed Roofing Contractor doing the roofing work at the above referenced address, in accordance with the 2015 International Residential Code and have provided a copy of their license.

_____ State
 License Number

SIGNATURE OF APPLICANT: **X**

DATE: _____

CITY OF DEKALB USE ONLY

APPROVED BY: _____

DATE: _____

FEE: _____

Permit # _____

ROOFING

IMAGE OF ROOF CROSS SECTION

MATERIALS LIST