



**Building & Code Enforcement Division**  
 200 S Fourth Street - DeKalb, IL 60115  
 Phone: (815) 748-2070

**ROOFING PERMIT APPLICATION**

**LOCATION OF ROOF INSTALLATION**  
 Please provide the address → → →

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

<input type="checkbox"/>	<b>"A" ROOF RECOVER</b> - 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 ~ ~ ~
<input type="checkbox"/>	<b>"B" ROOF REPLACEMENT</b> - Check this box if the Existing Roof Covering is being removed while repairing any damaged substrate, and installing a New Roof Covering <input type="checkbox"/> A Self-Adhering Polymer Modified Bitumen Sheet shall be installed from the eaves edge to a point at least <b>24 inches</b> in from the <b>interior face of the exterior wall</b> line of the building. <input type="checkbox"/> Provide a Drip Edge at eaves and gables of shingle roofs. Sheathing Replacement?? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;"><input type="text"/> Square Feet</span>

**Required Inspections: (1) Ice & Water Shield Inspection and (2) Final Inspection**  
*Call at least 24 hours prior to requested inspection.*

<b>PROPERTY OWNER'S INFORMATION</b>	If Property Owner is the applicant, check here → <input type="checkbox"/>
NAME: _____	
ADDRESS: _____	
PHONE: _____	E-MAIL ADDRESS: _____

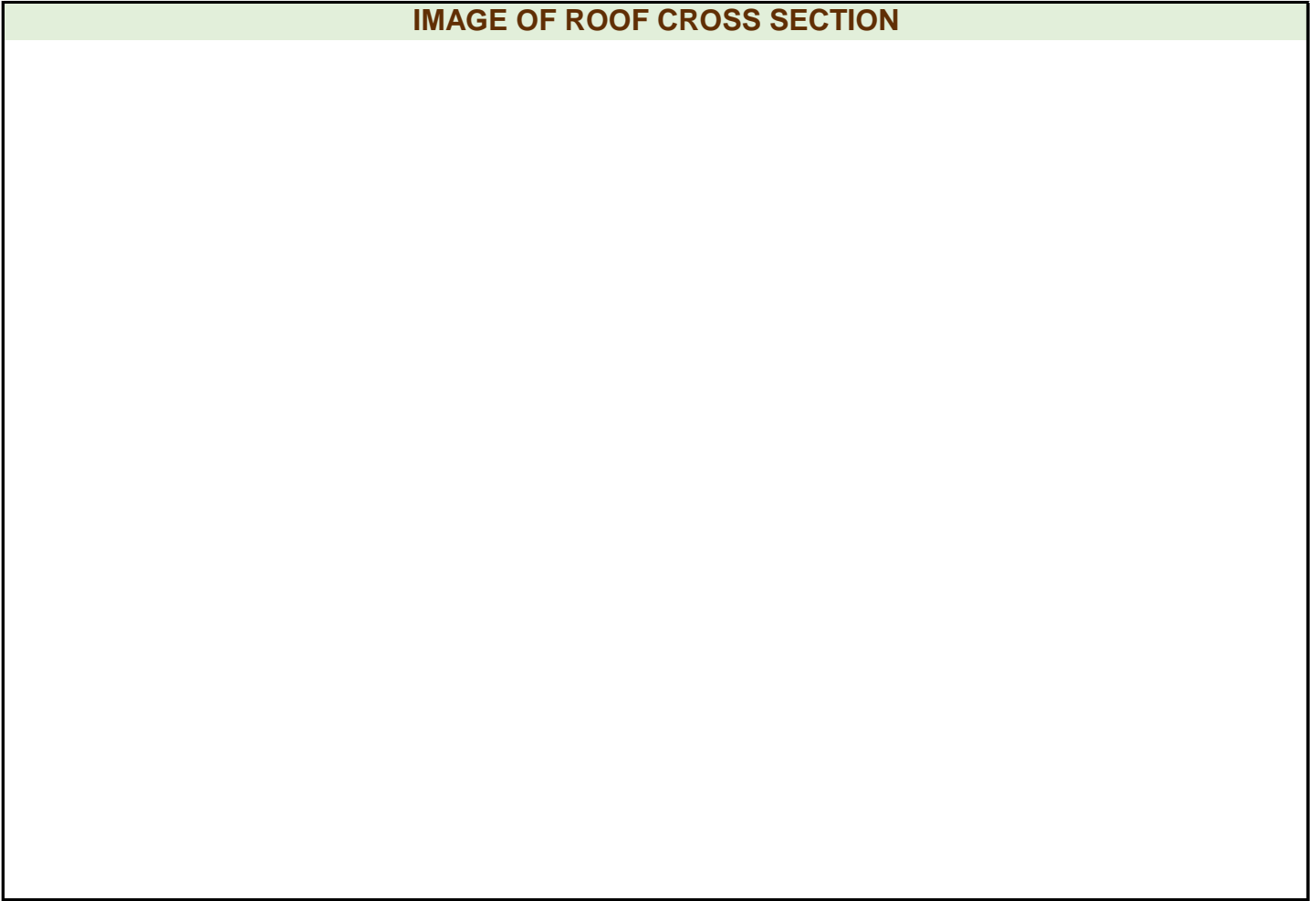
<b>CONTRACTOR'S INFORMATION</b>	If Contractor is the applicant, check here → <input type="checkbox"/>
NAME: _____	
ADDRESS: _____	
PHONE: _____	E-MAIL ADDRESS: _____
<i>The contractor represents that they are a State of Illinois Licensed Roofing Contractor doing the roofing work at the above referenced address, in accordance with the 2015 International Residential Code and have provided a copy of their license.</i>	
_____ State License Number	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Permit Fees: Residential Roof • \$25.00 /// Commercial Roof • Fee Determined upon Review**

CITY OF DEKALB USE ONLY		
APPROVED BY: _____		
DATE: _____	FEE: _____	

**IMAGE OF ROOF CROSS SECTION**



**MATERIALS LIST**

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