



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
 14700 RAVINIA AVENUE
 ORLAND PARK, ILLINOIS 60462
 708-403-5300
developmentsservices@orlandpark.org

PERMIT# _____

The Freedom of Information Act (FOIA) Any information provided on this form is subject to the Freedom of Information Act and may be released as part of a document request. If you do not want personal information released to the public, please provide alternative contact information or clearly note that it is personal/private contact information.

ROOF (NEW/REROOF) PERMIT APPLICATION. Use express or building permit for siding, windows & doors.

Location of Work and Homeowner/Tenant Information	Job Address:	
	Homeowner or Business Tenant:	
	Owner Address:	
	Phone:	Email:

Cost of Work: \$ _____ Flat Roof *Choose One:* Residential Multi-Family _____ Units Non-Residential
 Tear off *Check all that apply - Replacing:* Roof Skylights # _____ Gutters Fascia Soffits _____

GC		
Office Use: CL-21- COI Exp:	Business Name:	Phone:
	Business Address:	City,St,Zip:
	Email:	

ROOFER WHO WILL BE PERFORMING WORK*		
Office Use: CL-21- COI Exp: 104. Exp:	Business Name:	Phone:
	Business Address:	City,St,Zip:
	Email:	Lic #:

GUTTER OR OTHER CONTRACTOR		
Office Use: CL-21- COI Exp:	Business Name:	Phone:
	Business Address:	City,St,Zip:
	Email:	

Applicant (Print Name) _____ **Date:** _____

I, the Owner/Agent/Contractor have permission to apply for the permit on behalf of the owner of the subject property referenced above. I hereby apply to the Development Services Department of the Village of Orland Park, IL for a permit to perform the work as stated in this application submittal and hereby agree to comply with all requirements of the village codes, ordinances and amendments.

*I agree and abide by the *Illinois Roofing Industry Licensing Act* and understand that false information may be punishable by prison and/or fines per the above Act and the Criminal Code Act of 2012.

I have provided the signed contract and Government issued ID as required by law.

Applicant Signature _____
Incomplete submittals will not be accepted.

I am the:
<input type="checkbox"/> Contractor
<input type="checkbox"/> Homeowner
<input type="checkbox"/> Tenant

Office Use: 1/9/2021	Building Official:	Signature & Date:	FEE:
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