

The Village of Scales Mound

Village Hall 815-845-2545

Roofing / Siding Replacement Permit Application

Form #RSA0809

Date: _____

No. _____
(Office use)

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Cell # _____ Fax# _____

Site Address: _____

Property Owners Name: _____
(If different than Applicant)

Owners Phone: _____ Cell# _____ Fax # _____
(If different than Applicant)

Purpose of Application: Replace Roofing Replace Siding

This Structure is : Residential or Commercial

Information About Roofing Products To Be Installed:

Manufacturer: _____

Product Name: _____

Product Type: Asphalt/Fiberglass Wood Steel Composite Other
Color: _____

Installation by: Homeowner Contractor (*contractor information required)

***Contractors must be licensed to perform roofing in the State of Illinois.**

***Contractor Name** _____ **Lic#** _____
(Contractor Name & License number must match State records)

Information About Siding Products To Be Installed:

Manufacturer: _____

Product Name: _____

Product Type: Vinyl Wood Steel /Alum. Composite Other
Color: _____

(APPLICANT MUST COMPLETE THE BACK (or page 2) OF THIS FORM)

Work site must be kept clean and orderly during project.

All fees and bonds must be paid at time of application

NOTICE

The Village of Scales Mound requires as a condition of issuing any building permit that the applicant shall abide by all applicable building codes of the State of Illinois, Jo Daviess County, and the Village of Scales Mound. The Village of Scales Mound shall be held harmless from any violations of the Building Code and any actions arising there from. The Village of Scales Mound and/or the Zoning Administrator shall only be responsible for inspecting the building line setbacks of each building project. The burden of the inspection of the remainder of the project shall be the responsibility of the applicant. The Village of Scales Mound and/or the Zoning Administrator reserve the right to inspect and to issue a stop work order for noticed or reported violations of the Building Code, and work will only be allowed to continue upon correction of all Building Code violations as determined by a qualified building inspector.

Applicant acknowledges that this application is made in accordance with the Village Code of the Village of Scales Mound, and is made pursuant to all provisions and requirements therein. The applicant assumes the responsibility to know the applicable regulations and agrees to comply with them and all additional conditions set by the Village of Scales Mound or the Scales Mound Zoning Administrator. Additionally, the applicant agrees to provide any further information that the Village of Scales Mound or the Zoning Administrator or designee thereof deems necessary to make a determination about the issuance of this permit. Completion of this application does not guarantee the issuance of a permit. The issuance of a permit does not grant permission to violate any applicable ordinance(s) of the Village of Scales Mound, Jo Daviess County, or State of Illinois. Furthermore it is acknowledged that the information provided herein by the applicant is true and correct.

**** Allow a minimum of 5 business days for determination of this application ****

Date: _____

SIGNATURE OF APPLICANT

Permit Fee \$25.00

Do not write below this line

(Office use only)

Application received on: _____ **By:** _____

Total fees paid:\$ _____ **By:** **Cash** **Check#** _____

Total Bond Paid:\$ _____ **By:** **Cash** **Check#** _____

Comments: _____

Permit: **Approved** **Denied by:** _____ **Date:** _____

(If this application has been denied see the attached form for explanations)