



Permit Application
Roofing
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2933
 Email: Inspection@rigov.org

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$
Building Official Authorization Signature and Date:	
X _____	
Date of Authorization: _____	

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____

Description of Work Proposed: _____

Roofing Contractors:

- To perform roofing work in the City of Rock Island and the State of Illinois, according to 225 ILCS 335/ Illinois Roofing Industry Licensing Act (Public Act 90-55) roofing contractors are required to be Bonded with the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation and must be a Registered Contractor.
- The Inspection Division MUST have a copy of the contractor's Roofing Contractor Registration Certificate (104-XXXXXX) and/or (105-XXXXXX) on file.
- Anyone who is compensated for roofing must have a license or be an hourly employee of that company.
- Those with a LIMITED Roofing License only may NOT do commercial projects.

Section 2 VALUATION AND CONSTRUCTION DETAILS

Estimated Total Cost

\$ _____

1. What are you roofing?
 House Garage House & Garage
 Commercial Structure

5. Type of Material Used:
 Three-Tab Architectural

Other: _____

2. Tear off? Yes No

3. Number of Layers at Finish? _____
(Maximum layers allowed is two.)

6. Number of Squares: _____
*Typically three bundles of standard shingles= one square
 Lifetime/Heavy Duty shingles typically 4 bundles/square
 One square theoretically covers 100 square feet or a 10 ft x10 ft area.*

4. Install Ice & Water Guard? Yes No

7. Square Feet of Sheeting: _____

Section 3 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: **X** _____ **Date:** _____