



CITY OF LINCOLN
217-732-6318

Building and Safety Office

700 Broadway St.
Lincoln, IL 62656

ROOFING PERMIT APPLICATION

Date: _____
 Site Address: _____

 Construction Cost: _____
 Applicants Signature: _____

Permit Number BD- _____ - _____
Permit Fee: _____
Receipt No: _____
Date Issued: _____
Code Enforcement Officer _____

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ALL ITEMS

The Applicant is: Owner Contractor Other _____

Property Owner: Name: _____
 Address: _____
 State: _____ Zip: _____ Telephone No: _____

Contractor Name: Name: _____
 Address: _____
 State: _____ Zip: _____ Telephone No: _____

Illinois Roofing Contractors License Number: _____
 (Note: A copy of the license must be on file in The City of Lincoln Building & Safety Office)

Structure: Dwelling Detached Garage
 Accessory building Other

Number of Squares (square = 100 sq. ft.): _____

Type of Roofing Material:

<input type="checkbox"/> Fiberglass 3-in-1 Shingle _____ yr.	<input type="checkbox"/> Rubber
<input type="checkbox"/> Single-ply (roll roofing)	<input type="checkbox"/> Built-up (1/2 lap)
<input type="checkbox"/> Metal, type _____	<input type="checkbox"/> Wood Shingle, Shake
<input type="checkbox"/> Architectural Shingle	<input type="checkbox"/> Other _____

Number of Layers Presently in Place _____
 Number of Layers to be Removed _____
 (Note: Maximum of 2 layers on finished roof)