

Permit # \_\_\_\_\_  
Office Use Only

**CITY OF JOLIET**  
**Building & Inspectional Services**  
150 W. Jefferson Street, Joliet, IL 60432  
Phone: 815-724-4070 Email: permitapplication@joliet.gov



**Roofing, Siding & Windows Permit Application**

If permit applications are incomplete, and/or submitted without the required permit information and supporting documents, they will be returned to the applicant.  
All Contractor's must submit a copy of the contract with all permit applications.

<b>Address:</b>		<b>City:</b>	
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**Single Family**                       **Multi-Family** - # of Units \_\_\_\_\_  
Is this property registered in the Rental Program with Neighborhood Services?  
 Yes     No

<b>Estimated Cost \$</b>	
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**Project Type**

<input type="checkbox"/> <b>Siding</b>	<input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	
<input type="checkbox"/> <b>Roofing</b>	<input type="checkbox"/> Tear-Off/Re-Roof <input type="checkbox"/> Re-Roof	
<input type="checkbox"/> <b>Soffit</b>	<input type="checkbox"/> <b>Entry Door</b>	
<input type="checkbox"/> <b>Facia</b>	<input type="checkbox"/> <b>Gutters</b> <input type="checkbox"/> <b>Patio Door</b>	
<input type="checkbox"/> <b>Windows</b>	<input type="checkbox"/> Window Replacement Number of Windows: _____	<input type="checkbox"/> Window Installation Number of Windows: _____

Description of Work:

Work Being Completed By:     Homeowner                       Contractor

**Homeowner's Name:**

**Address:**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contractor's Name:**

**Contractor's Address:**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only:*

Building Official Signature \_\_\_\_\_ Date \_\_\_\_\_