



City of Countryside
Community Development Dept
803 Joliet Road 708-354-1860
building@countryside-il.org

Office use:

Permit # _____

Email application & supporting documents to: building@countryside-il.org
MAXIMUM EMAIL ATTACHMENT SIZE 15MB

ROOF Permit Application (Gutters / Soffits / Fascia / Siding)

Date: _____ ☐ Single Family ☐ Multi-Family (Units____) ☐ Commercial/Industrial/Office

Property Owner Name & Address: _____

Property Owner Phone & Email: _____

Countryside Project Address: _____, Countryside IL 60525

Describe Work Being Done: _____

Total Cost of Work \$ _____ Check all that apply: ☐ Roof ☐ Gutters ☐ Soffits ☐ Fascia ☐ Siding

THE CITY OF COUNTRYSIDE ADHERES TO THE ILLINOIS COMPILED STATUTES 225 ILCS 335 AKA "ROOFING ACT"

Submittal Requirements:

Accepted contract

Aerial photo for a flat roof

Inspection Requirements:

Final

Insulation when applicable

Contractor Requirements:

Insurance (GL & WC)

Illinois Roofing License for roofer
\$20,000 bond for siding or GC

	COMPANY NAME & ADDRESS	PHONE & EMAIL
GENERAL CONTRACTOR		
ROOF INSTALLER		
SIDING INSTALLER		
GUTTERS, SOFFIT, FASCIA		

Permits are valid for one year; work must commence within six months. Should the permitted work not be started within six months, the applicant must request in writing/email a permit extension within fifteen days of the permit expiration noting the reason for delay and anticipated completion date. **Failure to schedule final inspection may result in a citation.**

I hereby certify that I have the legal authority to make this application, and all information provided in this application and any other information provided by me in support of this application is true, complete and accurate to the best of my knowledge. I have read, do understand, and shall comply with all applicable terms and conditions required for this application. I also understand that I am responsible for all plan review and permit fees, and I am also responsible to schedule all required inspections.

Printed Name: _____ Signature: _____

Phone: _____ Email: _____

☐ Legal Property Owner or ☐ Agent or ☐ Contractor – Company: _____

OFFICE USE: REV: 12/22/25

Approved by _____ Date _____ Fee _____

License # 104. _____ 12/31/ ☐ Limited ☐ Unlimited GL _____ WC _____