

## Over the Counter Roofing Application

### Applicant & General Information

Resident Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Resident Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

### Property Type

- Single Family
- Detached Garage/Shed/Other Accessory Structure
- Townhome Number of Units: \_\_\_\_\_
- Commercial/Industrial

### Required Attachments *(Applications without required attachments will not be reviewed)*

- Contractors proposal, identifying the work to be completed**
  - Material specifications**
  - Information on the architectural shingle used and ice/water shield application.**
- Copy of contractors state license and village registration**
- Developer of Homeowners Association approval, if applicable to the subdivision.**

*The applicant hereby certifies to the correctness of the information and agrees to comply with all codes of the Village of Frankfort. In the event of a conflict between the approved document, any approved plans, or inspections, with regard to the building and zoning code, the owner or their agent are not relieved from the responsibility to conform to all applicable codes and ordinances. I certify I have the authority to apply for this permit, the ability and desire to comply with any required conditions and further certify all representations made in this application, along with any documents submitted in support of this application, to be true and accurate.*

\_\_\_\_\_  
Applicant Signature      Date

\_\_\_\_\_  
Property Owner Signature      Date

### Office Use Only

- Approved      By: \_\_\_\_\_
- Denied      Date: \_\_\_\_\_