

CITY OF MORRIS
BUILDING & ZONING OFFICE
700 N. DIVISION STREET
MORRIS, ILLINOIS 60450
BILL MARTIN
815-942-1855
815-942-0216 (FAX)

ROOFING PERMIT APPLICATION

PERMIT # _____

APPLICANT/OWNER _____ PHONE# _____

ADDRESS _____

PROPERTY IDENTIFICATION NO. _____

DATE PAID _____ SITE PLAN _____ EST. VALUE _____

CONTRACTOR/OWNER _____

**I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO
CONFORM TO ALL GOVERNING INFORMATION SET FORTH BY THE
CITY OF MORRIS.**

SIGNATURE: _____

_____ FOR OFFICE USE ONLY _____

ISSUED BY: _____

DATE ISSUED: _____

COMMENT: _____

PERMIT FEE: _____