



MAINTENANCE PERMIT APPLICATION (Roofing, Siding, Doors, Windows, & Gutters)

INSTRUCTIONS

Section 1 and Section 6 to be completed by Owner or Authorized Agent. Please note that if your property is in a subdivision, that covenants and restrictions for the subdivision of that subdivision should be consulted to ensure your project is in compliance. Covenants and restrictions for subdivisions can be obtained from the County Recorder of Deeds Office. The Planning Department does not enforce subdivision covenants and restrictions.

If the project is for an agricultural purpose on a property principally used for agriculture as defined by ILCS/55-12000, form AG-001-17 must accompany this application to receive the agricultural exemption benefits.

Section 3: In this section you will describe your project.

Section 4: The applicant must be signed by the owner or authorized agent. We will need proof of ownership or proof of trust in some cases.

ROOFING REGULATIONS

1. All roofing contractors must have a state issued roofing license.
2. Ice and Water shield is required along the perimeter of the roof and all valleys (if present).

DOORS & WINDOWS REGULATIONS

1. If structural alterations or repairs, e.g. enlarged window or door openings, the plans and specifications for these alterations must be submitted with this application.

SUBMITTAL REQUIREMENTS

1. Maintenance permit application.
2. Contractor list.
3. Any drawings necessary to explain the project you are doing.
4. Signed contract or material estimate sheet from a distributor (if doing the work yourself).



KANKAKEE COUNTY PLANNING DEPARTMENT BUILDING & ZONING DIVISION

MAINTENANCE PERMIT APPLICATION (Roofing, Siding, Doors, Windows, & Gutters)

Date Received: _____ Add-On: Date of Add-On: _____
Building Permit Fee: _____ Admin. Fee: _____ Total Fee: _____
Date Issued: _____ Paid: _____ Permit No.: _____

Applicant to complete this section:

SECTION 1: OWNER INFORMATION

Name: _____
Telephone Number: _____ Email: _____
Mailing Address: _____
Site Address: _____
Contact Person: _____ Telephone Number: _____
Email: _____
Will the homeowner be performing the work themselves? Yes _____ No _____

SECTION 2: PROPERTY INFORMATION

PI No: _____ Township: _____
Floodway/Floodplain: _____ Date: _____ Initials: _____
Subdivision: _____ Block No.: _____ Lot No: _____
Zoning District: _____ Check PI File: Date: _____ Initials: _____

SECTION 3: PROJECT INFORMATION

Project Description: _____

Signed Contract (Attach): _____ Total Value: _____
Material: _____ Labor: _____ Other: _____

SECTION 4: AUTHORIZATION

As the owner or authorized agent of the above described property, I hereby authorize the addition of the above described improvements and work that will be performed by the contractors listed or by myself. The information provided is accurate to the best of my knowledge.

(Signature of Owner or Authorized Agent)

Application Taken By: _____

SECTION 5: PLAN/ APPLICATION REVIEW

Application Reviewed By: _____ Approved: Denied:

If denied, state reason why: _____

SECTION 6: CONTRACTOR INFORMATION

Permit# _____

Owners Name: _____ Type of Construction: _____
 If the contractor's list should change at any time during the project, a revised list shall be submitted to the Planning Department

| | |
|-------------------|----------------------------------------------------------------------------|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

| | |
|-------------------|----------------------------------------------------------------------------|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

| | |
|-------------------|----------------------------------------------------------------------------|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

| | |
|-------------------|----------------------------------------------------------------------------|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

| | |
|-------------------|----------------------------------------------------------------------------|
| Trade: _____ | License # _____ |
| Contractor: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

| | |
|------------------------------|----------------------------------------------------------------------------|
| Roofing: _____ | License # _____ |
| Address: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| State License #: 104- | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Expiration _____ |

| | |
|-----------------------------------|----------------------------------------------------------------------------|
| Plumbing: _____ | License # _____ |
| Address: _____ | Signed Aff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Phone #: _____ | Gen. Lib. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| State License #: 058- | Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| State Registration #: 055- | Bond <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | Expiration _____ |
| | Expiration _____ |

Date Received: _____ Date Approved: _____ Approved By: _____