



## VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING

### 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 Building & Zoning 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).



**VILLAGE OF SUN RIVER TERRACE BUILDING & ZONING**  
**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 Building & Zoning 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    _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No    _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No    _____
State License #: <b>104-</b> _____	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    _____
	Work Comp <input type="checkbox"/> Yes <input type="checkbox"/> No    _____
	Bond <input type="checkbox"/> Yes <input type="checkbox"/> No    _____
State License #: <b>058-</b> _____	Expiration: _____
State Registration #: <b>055-</b> _____	Expiration: _____

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_