

**City of Rockford, Illinois**

Community & Economic Development Department  
Construction and Development Services  
425 East State Street, Rockford, IL 61104  
Phone: (779) 348-7158 Fax: (815) 967-4243  
Web: www.rockfordil.gov



**AFFIDAVIT FOR ROOFING PERMIT**

State of Illinois, County of Winnebago, City of Rockford

I, \_\_\_\_\_, hereby swear and affirm under oath that:  
(print name)

[Check One]

- I am the owner of the property listed below and will self-perform the roofing work OR
- I am performing the roofing work for no consideration (compensation) OR
- I am performing the roofing work at my employer's property. (An employer-employee relationship must exist).

And do hereby submit an application for a roofing permit pursuant to the Illinois Roofing Industry Licensing Act (225 ILCS 335/11), that does not require me to be licensed by the State of Illinois, to perform roofing work at:

\_\_\_\_\_  
STREET ADDRESS (THE "PREMISES") CITY STATE ZIP

**I UNDERSTAND AND WILL ABIDE BY THE FOLLOWING STIPULATIONS:**

1. That I will be personally doing the work as set forth in the Roofing Permit Application and no contractor for hire will be performing any work at the Premises.
2. I understand and acknowledge that if any person other than me is determined to be performing work upon the Premises a STOP WORK order may be issued.
3. I understand and acknowledge that if I am unable to complete the work at the Premises I must hire an Illinois State Licensed Roofer to complete the work and obtain a permit for the remainder of work to be done.
4. I understand and acknowledge that all work must be performed in strict conformance with all applicable building and zoning codes adopted by the City of Rockford.
5. I understand and acknowledge that all work performed will be subject to inspection by the City of Rockford.
6. I agree to take full responsibility for all work completed upon and the conditions of the Premises.
7. I am certifying the above under oath and am subject to laws for perjury for any untruthful statements made herein and understand that the permit may be revoked for false statement or misrepresentation as to the material fact in the application on which the permit was based.

**UPON SUBMISSION, THIS AFFIDAVIT BECOMES PART OF THE ACTUAL PERMIT.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT SIGNATURE OF APPLICANT

\_\_\_\_\_  
STREET ADDRESS OF APPLICANT CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE NUMBER ALTERNATE PHONE NUMBER

SWORN and SUBSCRIBED to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at Rockford, County of Winnebago, and State of Illinois.

**NOTARY SEAL HERE**

\_\_\_\_\_  
NOTARY PUBLIC