

115 N. Robinson Street
Sheridan, IL 60551
Phone: 815-496-2251
Fax: 815-496-9393

Village of Sheridan

Permit Application (Reroof or Residing)

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Type of Improvement Reroof Residing

Will a contractor be performing the work? YES NO

If yes, please provide name and phone number of contractor: **Name:** _____
Phone Number: _____

Signature

Signature: _____ Date: _____

****Please note that the Village of Sheridan Zoning Ordinance limits the duration of permits to six months. If the work is not completed by the expiration of the permit, a \$5.00/month charge will be imposed for each month thereafter until completed.**