VILLAGE OF
WHEELING
COMMUNITY DEVELOPMENT

RESIDENTIAL RE-ROOFING AFFIDAVIT

SITE ADDRESS: _____

I _____ do hereby certify.

☐ There will be a second roof installed at the above address.

☐ There will be a complete tear-off and replacement of the roof at the above address.

☐ Solar Panels are located on the roof being replaced.

I will comply with the re-roofing replacement requirements for the Village of Wheeling.

_____
Applicant Signature

_____
Roofing Company Name and License Number

_____
Applicant Telephone

_____
Date

_____
E-Mail

2 Community Boulevard
Wheeling, IL 60090

phone: 847.459.2620 • fax: 847.459.2656
www.wheelingil.gov