



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.

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