

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (815) 987-5550 Fax: (815) 967-4243 TDD (815) 987-5718
 Web: www.rockfordil.gov



PARKING LOT PERMIT APPLICATION
3+ FAMILY, COMMERCIAL/INDUSTRIAL

Applicant to Complete Sections I - III Below

Application #:

I. Project Details					
Project Address			Total Cost of Construction \$		
All Existing Uses On The Property Are:			All Proposed Uses On The Property Are:		
Describe full scope of work _____					
Width of Existing Driveway (Measured at Right-of-Way)		Ft.	In.	Total Width of New Driveway (Measured at Right-of-Way)	
				Ft.	
				In.	
			Length of Curb Being Cut		
			Ft.		In.

II. Property Owner Information			
Owner's Name		Phone	Fax
Owner's Address		City	State Zip

III. Contractor Information			
Contractor's Name		Phone	Fax
Contractor's Address		City	State Zip

- Three (3) copies of a "to scale" site plan, including landscaping plans and drainage plans must be submitted with this form.
- The Applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor (Check One)	PROOF OF INSURANCE AND BOND WITH CITY REQUIRED FOR CONTRACTOR WHEN WORKING IN THE RIGHT-OF-WAY	
Applicant's Signature X	Date _____	

IV. Staff Comments (to be completed by Staff)					
Zoning District:		Zoning File #:		S.U.P. Date	Variation(s) Date
Total # Parking Spaces:		Total H.C. # Parking Spaces:		Is Sidewalk Required?	Is Landscaping Required?
Req'd Prov		Req'd Prov		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing
Illinois Dept. Conservation Review? <input type="checkbox"/>	Located in Enterprise Zone? <input type="checkbox"/>	Historic Preservation Ordinance? <input type="checkbox"/>	Flood Hazard Ordinance? <input type="checkbox"/>	Drainage Approval Required? <input type="checkbox"/>	Access Permit from I.D.O.T.? <input type="checkbox"/>
CONDITIONS					
Public Works: _____					
Zoning: _____					
APPROVED BY: _____ date: _____					
CALL PUBLIC WORKS @ 815-967-6744 FOR A FINAL INSPECTION					

Parking Lot Permit Fee: \$ (acct. 1010 61407) Curb Cut Permit Fee: \$ (acct. 1010 61407) Invoice #: _____ Date: _____