

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
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RESIDENTIAL BUILDING PERMIT APPLICATION
One and Two Family Dwellings and their Accessory Structures

Applicant to complete sections I-VII (pages 1-2)

App. #:

I. Project & Owner Information				
Project Address			P.I.N.	
Subdivision	Block		Lot	
Owner's Name	Phone		Email	
Owner's Address	City		State	Zip
II. Construction Information				
A. Occupancy	B. Type of Construction	C. Type of improvement (check all that apply)		
<input type="checkbox"/> One Family (R-3)	<input type="checkbox"/> Wood Frame (V-B)	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair
<input type="checkbox"/> Two Family (R-3)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Remodel/Alteration	<input type="checkbox"/> Interior Demo.
<input type="checkbox"/> Change of Use (describe below)				
Describe full scope of work				
D. Building Height & Floor Areas				
Floor Areas (as applicable) Square Foot (sf)	Existing	Remodel/Alteration	New / Addition	TOTAL per floor
<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement				
First Floor				
Second Floor				
Third Floor				
TOTAL LIVING AREA				
Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Carport				
Detached Accessory Structure <input type="checkbox"/> Shed > 120 sf <input type="checkbox"/> Pool				
Deck: <input type="checkbox"/> Attached <input type="checkbox"/> Detached				
E. Building Height & Attributes				
Grade at Entrance to	Attributes Per Dwelling	Bedrooms:	Bathrooms: Full:	Partial:
Top of Highest Roof: _____ feet				
III. Construction Valuation				
Total Cost of Project (ALL TRADES) (Labor, Materials, Overhead & Profit): \$	Expected Start Date:	Expected Completion Date:		
IV. Designated Responsible Party for Payment of Permit Fee				
Role in Project (i.e. general contractor, owner, etc.)				
Name		Company		
Address		City	State	Zip
Phone	Fax	Email		

V. Contractors / Design Professional (if applicable)			
A. General Contractor			
Contact Person	Company		
Address	City	State	Zip
Phone/Fax	Email		
B. Electrical Contractor (City Registration and Separate Permit Required)			
	Phone	Reg. #	
C. Mechanical Contractor (City License and Separate Permit Required)			
	Phone	Lic. #	
D. Plumbing Contractor (State License and Separate Permit Required)			
	Phone	Lic. #	
E. Roofing Contractor (State License Required)			
	Phone	Lic. #	
VI. Contractors / Design Professional (if applicable)			
F. Architect/Engineer (if applicable)			
Name	Company		
Phone/Fax	Email		
VII. Applicant's Certificate			
As Owner or the Owner's authorized agent of the property for which this application is being filed, I hereby certify:			
<ol style="list-style-type: none"> 1. The description of use and information contained on this application is correct and; 2. The structure will not be occupied or used until a Certificate of Occupancy is issued by the Building Department and; 3. The project will comply with all conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and; 4. No error or omission in either documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto. 5. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations) 6. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf. I will be acting on behalf of the owner as his/her agent. 			
Applicant if other than the Owner:			
<input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Contract Buyer <input type="checkbox"/> Other _____			
Provide legal address, phone and signature of applicant to affirm the above statements			
Name	Title		
Company	Phone		
Street Address	City	State	Zip
Signature X	By entering my name below, I acknowledge and represent that I have reviewed and understand the Applicant's Certificate and that all of the information provided is true and accurate.		Date