

City of Rockford, Illinois

Public Works Department
Engineering Division
425 E State St, Rockford IL 61104
Phone: (779) 348-7174 Fax: (815) 967-7058
Website: rockfordil.gov



STORMWATER MANAGEMENT PERMIT APPLICATION

Project Name: _____

Site Address/Location: _____ Acres Disturbed: _____

This is a: Subdivision Development Building Site Parking Lot Other

Description of Work: _____

Date to Begin Work: _____

Date of Completion: _____

**** If work does not commence within 2 weeks of the listed start date this permit is no longer valid until the City of Rockford is informed of the new start date. Permit is valid for two (2) years from date construction commences. Projects that extend beyond 2 years from the start date shall submit a new permit application and applicable fees.**

Owner of Record: _____ Phone #: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

Developer: _____ Phone #: _____
(if different from owner)

(Address) _____ (City) _____ (State) _____ (Zip) _____

Engineer/ Surveyor of Record: _____ Phone #: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

List below the party responsible for construction and maintenance of all drainage ditches, storm water storage areas, erosion & sediment control measures, etc. throughout the course of construction.

Name: _____ Phone #: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

Permit Fee: _____

Invoice Number: _____

PW Clearance: _____

Date: _____

Permit Number: _____

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List below the party responsible for **permanent** maintenance of drainage ditches, storm water storage areas, erosion & sediment control measures etc.

Name: _____ Phone #: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

Responsible Party is: Property Owner Homeowner's Assoc. Leasee of Property Other
 Specify: _____

Signature: _____ **Printed Name:** _____ **Date:** _____

****If any BMP requires long term maintenance, a Post Construction Management Plan shall be completed and submitted.**
****All applicable best management practices for erosion & sediment control must be installed prior to the start of grading.**
 Contact Brad Holcomb at (779) 348-7611 or brad.holcomb@rockfordil.gov a minimum of 48 hours prior to the start of any land disturbing activities to arrange for a Pre-Grading Inspection. A Pre-Grading Inspection shall be required for any project that is adjacent to an environmentally sensitive area (i.e., floodplain, creek, natural habitat, etc.).

For Office Use Only

Watershed:	Section:	Township:	Range:
PIN #:	IEPA Permit #:		
Is site in a Special Flood Hazard Area? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has Floodplain Permit been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Does the Tentative Plat Apply? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has it been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Does the Grading Plan Apply? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has it been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is Site Over 1 Acre of Disturbance? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has SWPPP & ES&C Plan been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, has NOI been submitted to IEPA? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Does the Post Construction Management Plan Apply? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has it been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is site adjacent to an Environmentally Sensitive area? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has pre-grading inspection been scheduled? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has site been surveyed for Endangered Species?? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, has survey been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Permit Fee: _____ Invoice Number: _____
 PW Clearance: _____ Date: _____ Permit Number: _____