

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (779) 348-7158 Fax: (815) 967-4243
 Web: www.rockfordil.gov



BUILDING PERMIT APPLICATION Commercial, Industrial or Multifamily Dwelling Units

Plan Review #:

Applicant to complete sections I-VIII (pages 1-3)

App. #:

I. Project & Owner Information						
Project Street Address				P.I.N.		
Project Name						
Owner's Name			Phone		Fax	
Owner's Address			City		State	
					Zip	
II. Type of Improvement & Construction Information						
A. Type of improvement (check all that apply)						
<input type="checkbox"/> New Building		<input type="checkbox"/> Remodel/Alteration		<input type="checkbox"/> Change Of Use		
<input type="checkbox"/> Foundation Only		<input type="checkbox"/> Repair		From: _____		
<input type="checkbox"/> Addition		<input type="checkbox"/> Interior Demolition		To: _____		
Existing Use			Proposed Use			
Describe full scope of work						
B. Construction Type						
<input type="checkbox"/> I-A Non-Combustible, Protected		<input type="checkbox"/> II-A Non-Combustible, Protected		<input type="checkbox"/> III-A Non-Combustible Exterior, Protected		
<input type="checkbox"/> I-B Non-Combustible, Protected		<input type="checkbox"/> II-B Non-Combustible, Unprotected		<input type="checkbox"/> IV Heavy Timber		
				<input type="checkbox"/> V-A Combustible, Protected		
				<input type="checkbox"/> V-B Combustible, Unprotected		
C. Use Group / Occupancy Type						
<input type="checkbox"/> A-1 Assembly, Theaters		<input type="checkbox"/> B Business		<input type="checkbox"/> I-2 Institutional, Hospitals, Nursing Homes		
<input type="checkbox"/> A-2 Assembly, Nightclubs, Restaurants, Bars, Banquet Halls		<input type="checkbox"/> E Educational		<input type="checkbox"/> I-3 Institutional, Restrained		
<input type="checkbox"/> A-3 Assembly, Religious General, Community Halls, Libraries, Museums		<input type="checkbox"/> F-1 Factory & Industrial, Moderate Hazard		<input type="checkbox"/> I-4 Institutional, Daycare		
<input type="checkbox"/> A-4 Assembly, Arenas		<input type="checkbox"/> F-2 Factory & Industrial, Low Hazard		<input type="checkbox"/> M Mercantile (Retail)		
<input type="checkbox"/> A-5 Assembly, Arenas		<input type="checkbox"/> H High Hazard		<input type="checkbox"/> R-1 Residential, Hotels		
		<input type="checkbox"/> I-1 Institutional, Supervised		<input type="checkbox"/> R-2 Residential, Multi-Family		
				<input type="checkbox"/> R-3 Residential, Town Houses Specify # Units: _____		
				<input type="checkbox"/> R-4 Residential, Care/Assisted Living Facilities (6-16 Occ)		
				<input type="checkbox"/> S-1 Storage, Moderate Hazard		
				<input type="checkbox"/> S-2 Storage, Low Hazard		
				<input type="checkbox"/> U Utility, Miscellaneous		
				Specify # Units: _____		
D. Building Height & Floor Areas						
Grade at Entrance to Top of Highest Roof: _____ ft _____ in		Floor Area Square Feet (sf)	Existing	Remodel/Alteration	New / Addition	TOTAL per floor
Building Width: _____ ft Length: _____ ft		Basement				
Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		1 st Floor				
Number of Stories Above Grade: _____		2 nd Floor				
Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mezz./Other				
TOTAL ALL FLOORS						
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	
V. Deferred Submittals			
Is project to be submitted in phases? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes , designate the Design Professional in Responsible Charge (DPRC). The DPRC shall review the deferred submittals and forward them to the Code Official with a notation indicating that the documents have been reviewed and been found to be in general conformance with the building design. (i.e. MEP dwgs)	
A. Design Professional in Responsible Charge (DPRC)			
Name		Company	
Phone	Fax	Email	
VI. Construction Documents			
A. Architect			
Architect of Record		Company	
Address		City	State Zip
Phone	Fax	Email	
B. Others			
Structural Engineer	Phone	Email or Fax	
Mechanical Engineer	Phone	Email or Fax	
Electrical Engineer	Phone	Email or Fax	
Plumbing Engineer/Designer	Phone	Email or Fax	
Fire Suppression Engineer	Phone	Email or Fax	
Fire Alarm Engineer/Designer	Phone	Email or Fax	
Civil Engineer	Phone	Email or Fax	
VII. Contractors (if there are additional contactors, please attach a separate list)			
A. General Contractor			
Contact Person		Company	
Address		City	State Zip
Phone	Fax	Email	
B. Mechanical Contractor (City License and Separate Permit Required)			
Contractor	Phone	License #	
C. Plumbing Contractor (State License and Separate Permit Required)			
Contractor	Phone	License #	
D. Electrical Contractor (City Registration and Separate Permit Required)			
Contractor	Phone	Registration #	
E. Fire Sprinkler Contractor (State License and Separate Permit Required)			
Contractor	Phone	License #	
F. Fire Alarm Contractor (City Registration and Separate Permit Required if NOT Electrical Contractor Above)			
Contractor	Phone	License #	
G. Roofing Contractor (State License Required)			
Contractor	Phone	License #	

APPLICANT'S CERTIFICATE

Must be completed, signed and dated for permit to be processed.

VIII. Applicant's Certificate

As owner or authorized agent of the project for which this application is being filed, I hereby certify:

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Construction & Development Services division and;
3. The project, if permit is granted, will comply with all requirements of applicable City Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the released documents [drawings and specifications] and applicable codes and ordinances of the City of Rockford and;
5. Any changes to the released documents will be filed with the City of Rockford Construction & Development Services and;
6. Another application will be submitted at such time as the described use may change.
7. 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.
8. 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)
9. 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 behalf. I will be acting on the behalf of the owner as his:

Architect
 Engineer
 Contractor
 Agent
 Other _____

Name	Title		
Company	Phone		
Street Address	City	State	Zip
Signature		Date	
X			

Select Sub-Permits: If any of the alterations listed below are included on the submitted plans, please provide square footage for said alterations. **DO NOT ENTER SQUARE FOOTAGE IF SUB-PERMIT WORK IS NOT INCLUDED ON THE PLANS YOU ARE SUBMITTING.**

Sub-Permit Type	Square Footage of Work Area
Mechanical	
Mechanical Gas	
Kitchen Hood	
Electrical	
Plumbing	

Check Box if MEPs are not included

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Building Code Section Clearance Form
 (To be completed by Staff)

PERMIT IS SUBJECT TO THE FOLLOWING COMMENTS

- Permit holder(s) shall call for all inspections – see attached inspection list.
- A separate permit is required for electrical/fire alarm work and shall be performed by a Registered Electrician.
- Construction Documents shall be submitted for electrical/fire alarm work before an electrical permit is issued.
- A separate permit is required for plumbing work and shall be performed by an IL Licensed Plumbing Contractor.
- Construction documents shall be submitted for plumbing work before a plumbing permit is issued.
- A separate permit is required for mechanical work and shall be performed by a Licensed Mechanical Contractor.
- Construction documents shall be submitted for mechanical work before a permit is issued.
- A separate permit is required for refrigeration work and shall be performed by a Licensed Refrigeration Contractor.
- Construction documents shall be submitted for refrigeration work before a refrigeration permit is issued.
- A separate permit is required for fire suppression work.
- Construction documents shall be submitted for fire suppression work before a permit is issued.
- See plan review # _____ and response letter(s) from the designer. _____

Building Permit #: _____ Foundation Permit #: _____ Other Partial Permit #: _____ Other Partial Permit #: _____	Plan Review Fees: (see fee schedule for rates)																	
	<table> <tr><td>Foundation</td><td>\$</td><td>_____</td></tr> <tr><td>Building</td><td>\$</td><td>_____</td></tr> <tr><td>Mechanical</td><td>\$</td><td>_____</td></tr> <tr><td>Electrical</td><td>\$</td><td>_____</td></tr> <tr><td>Plumbing</td><td>\$</td><td>_____</td></tr> <tr><td>Fire Suppression</td><td>\$</td><td>_____</td></tr> </table>	Foundation	\$	_____	Building	\$	_____	Mechanical	\$	_____	Electrical	\$	_____	Plumbing	\$	_____	Fire Suppression	\$
Foundation	\$	_____																
Building	\$	_____																
Mechanical	\$	_____																
Electrical	\$	_____																
Plumbing	\$	_____																
Fire Suppression	\$	_____																
	(SF) X =																	
Approved By: _____ Date: _____	<table> <tr><td>Building Permit Fee</td><td>\$</td><td>_____</td></tr> <tr><td>Processing Fee</td><td>\$</td><td>_____</td></tr> <tr><td>Subtotal</td><td>\$</td><td>_____</td></tr> <tr><td>Tech Fee</td><td>\$</td><td>_____</td></tr> <tr><td>Total Fees:</td><td>\$</td><td>_____</td></tr> </table>	Building Permit Fee	\$	_____	Processing Fee	\$	_____	Subtotal	\$	_____	Tech Fee	\$	_____	Total Fees:	\$	_____		
	Building Permit Fee	\$	_____															
Processing Fee	\$	_____																
Subtotal	\$	_____																
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Total Fees:	\$	_____																
	[Invoice No. _____]																	

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Planning & Zoning Clearance Form

(To be completed by Staff)

App. #:

Project Information	
Project Address	
P.I.N. #	Zoning District
Site Plan Review	
Is there a Special Use Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Variations Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
File No. _____ Date: _____	Does the Liquor Advisory Board (L.A.B.) Process Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No
File No. _____ Date: _____	File No. _____ Date: _____
Required Setbacks (feet)	North: _____ East: _____ South: _____ West: _____
Proposed Setbacks (feet)	North: _____ East: _____ South: _____ West: _____
Building Height (grade at front door to highest roof, or mechanical or architectural appurtenance): _____ feet	Is the height of the structure under allowable limits? <input type="checkbox"/> Yes <input type="checkbox"/> Existing <input type="checkbox"/> No
Is a Site Illumination Plan Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a Trash Dumpster Enclosure Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shown <input type="checkbox"/> Not Shown	<input type="checkbox"/> Shown <input type="checkbox"/> Not Shown
Is Sanitary Sewer Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is City Water Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Existing	<input type="checkbox"/> Existing
Are Public Sidewalks Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Off-Street Parking Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing
<input type="checkbox"/> Existing	Required Provided
Do the Following Apply?	
Is the property located in the Enterprise Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Historic Preservation Ordinance apply? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is a Public Works Dept. Clearance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Comments	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Paving: _____	
Landscaping: _____	
ALL REQUIRED PAVING, SIDEWALK AND LANDSCAPING MUST BE COMPLETED PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.	
Zoning Clearance #: _____	Review Fee \$ _____
Zoning Clearance By: _____	Other Fee \$ _____
Date: _____	Total Fees: \$ _____
	[Invoice No.: _____]

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Construction Project Inspection List

The following lists inspections performed by the City of Rockford Building Department for construction projects requiring permits. All or some of the inspections will be required for this project. The inspections are grouped in the most commonly requested order. Multiple inspections of the same type may be requested or required.

I. Project & Owner Information	
Project Name	
Project Address	Zip
Name of Applicant	Phone
PERMIT MUST BE POSTED BEFORE ANY WORK IS STARTED. NO INSPECTION WILL BE MADE WITHOUT POSTING OF PERMIT. CALL FOR INSPECTIONS (1) FULL BUSINESS DAY OR 24 HOURS IN ADVANCE.	
<input type="checkbox"/> Lowest floor elevation – certification of lowest floor elevation following excavation prior to any other work when within flood hazard area or when requested by Public Works Department.	
<input type="checkbox"/> Footing or foundation – following excavations and after forms and any reinforced steel are in place and prior to pouring of concrete.	
<input type="checkbox"/> Damproofing & drainage tiles - following completion of foundation and prior to backfilling of foundation.	
<input type="checkbox"/> Exterior foundation insulation (if applicable) - following completion of damproofing and prior to backfilling of foundation.	
<input type="checkbox"/> Electrical Service - following backfilling of foundation.	
<input type="checkbox"/> Sewer & Water Service - following installation and prior to covering.	
<input type="checkbox"/> Underground/floor slab Electrical - following installation prior to covering with soil or floor slab	
<input type="checkbox"/> Underground/floor slab Plumbing - following installation prior to covering with soil or floor slab	
<input type="checkbox"/> Underground/floor slab Mechanical and Gas piping - following installation prior to covering with soil or floor slab	
<input type="checkbox"/> Underground Fire Suppression - following installation prior to covering with soil (when separate from water service)	
<input type="checkbox"/> Electrical rough-in - prior to covering of work in walls or ceilings	
<input type="checkbox"/> Plumbing rough-in - prior to covering of work in walls or ceilings	
<input type="checkbox"/> Mechanical and Gas piping rough-in - prior to covering of work in walls or ceilings	
<input type="checkbox"/> Fire Suppression rough-in - prior to covering of work in walls or ceilings [by Fire Dept]	
<input type="checkbox"/> Structural/building framing - prior to insulating and covering of wall, ceiling and roof framing and following all other rough-in inspections	
<input type="checkbox"/> Insulation inspection – following insulation, window/glazing and door installation prior to covering of insulation vapor retarder or removal of window/door thermal performance labels.	
<input type="checkbox"/> OPTIONAL Lath and plaster board inspection – after lath or gypsum board installation and prior to installation of plaster or joint compound FOR FIRE RATED ASSEMBLIES	
<input type="checkbox"/> Electrical final (includes inspection of fire resistant assembly penetration protection)	
<input type="checkbox"/> Plumbing final (includes inspection of fire resistant assembly penetration protection)	
<input type="checkbox"/> Mechanical and Gas piping final (includes inspection of fire resistant assembly penetration protection)	
<input type="checkbox"/> Fire Suppression and Alarm final [by Fire Department] (includes inspection of fire resistant assembly penetration protection) <small>Shall submit a 'Record of Completion' per NFPA 13 and/or 72 prior to inspection – inspection may require witnessed testing</small>	
<input type="checkbox"/> Structural/building final (includes inspection of fire resistant assembly penetration protection)	
<input type="checkbox"/> Certificate of Occupancy is required for additions and new buildings or change of occupancy	
<input type="checkbox"/> Final inspection must be made for all permits issued	

City of Rockford, Illinois

Public Works Department
 425 East State Street, Rockford, IL 61104
 Phone: (779-348-7143 Fax: (815) 967-7052
 Web: www.rockfordil.gov



Public Works Clearance Form

(To be completed by Staff)

App. #:

<input type="checkbox"/> Subdivision	<input type="checkbox"/> Site	<input type="checkbox"/> Parking Lot	Plan Review Clearance Form/Plan #:
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Project Information			
Project Name		Building Review #:	
Address/Subdivision		Section No.:	Date of Submittal:
Engineering Company			
Contact Person		Company	
Address	City	State	Zip
Phone/Fax	Email		

Staff Comments

WATER REVIEW

Comments: _____

Water Engineer Approval: _____ Approval Date: _____

TRAFFIC / STREET LIGHT REVIEW

Access Permit required? Yes No If Yes, from whom: I.D.O.T Winnebago Co.

Street Light Approval? Yes No

Comments: _____

Traffic Engineer Approval: _____ Approval Date: _____

STORM WATER REVIEW

Grading Permit required? Yes No If Yes, from whom: I.E.P.A N.O.I. City of Rockford

Comments: _____

Storm Water/
Environmental Coordinator Approval: _____ Approval Date: _____

DEVELOPMENT ENGINEER

Comments: _____

Development Engineer Approval: _____ Approval Date: _____

City Engineer Approval: _____ Approval Date: _____

Foundation Clearance Date: _____ Full Clearance Date: _____	Flood Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No Ordinance Apply? Curb Cut Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Required? Length: _____	Drainage Review Fee(\$50) \$ _____ (1010-61403) Water Permit Fee \$ _____ (1010-61233) Curb Cut Permit Fee \$ _____ (1010-61407) Total Fees \$ _____ [Invoice No.: _____]
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