

**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**\*\* If work does not commence within 2 weeks of the listed start date this permit is no longer valid until the City of Rockford is informed of the new start date.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](mailto: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: \_\_\_\_\_