

**City of Rockford, Illinois**

Community & Economic Development Department  
Construction and Development Services  
425 East State Street, Rockford, IL 61104  
Phone: (779-348-7163 Fax: (815) 967-4243  
Web Site: rockfordil.gov



**SPECIAL USE PERMIT RENEWAL APPLICATION FORM**

(Please Type or Print)

**FILE #:** \_\_\_\_\_

**1. Address of subject property:** \_\_\_\_\_

**2. Property Code Number(s):** \_\_\_\_\_

**3. Owner of record is:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

**4. Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

**5. Applicant's interest in the property:** \_\_\_\_\_

(owner, agent, contractor, Realtor, etc.)

**6. Special Use Permit for:** \_\_\_\_\_ in a(n) \_\_\_\_\_

\_\_\_\_\_ Zoning District.

**7. Approved Special Use Permit Number(s):** \_\_\_\_\_

**8. All existing uses on the property are:** \_\_\_\_\_

**9. The proposed uses on the property, if this application is approved are:** \_\_\_\_\_

**THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.**

\_\_\_\_\_  
(Name of applicant) / (Name of Owner, if different)

\_\_\_\_\_  
Date:

(Signature of applicant)

Zoning Map Number: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_ Filing Fee: \$501.60

Is Illinois Department of Conservation review required? \_\_\_\_\_

Is Illinois Department of Transportation Access Permit required? \_\_\_\_\_

Is Winnebago County Highway Department Access Permit required? \_\_\_\_\_

**Application accepted by:** \_\_\_\_\_