

# 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 Site: rockfordil.gov



## RESIDENTIAL BUILDING PERMIT APPLICATION One and Two Family Dwellings and Their Accessory Structures Applicant to complete sections I-VII (pages 1-2)

<b>I. Project &amp; Owner Information</b>				
Project Address			P.I.N.	
Subdivision		Block		Lot
Owner's Name		Phone		Email
Owner's Address		City		State      Zip
<b>II. Construction Information</b>				
<b>A. Occupancy</b>	<b>B. Type of Construction</b>	<b>C. Type of Improvement (check all that apply)</b>		
<input type="checkbox"/> One Family R-1	<input type="checkbox"/> Wood Frame (V-B)	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair <input type="checkbox"/> Interior Demo.
<input type="checkbox"/> Two Family R-2	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Remodel/Alteration	<input type="checkbox"/> Change of Use (describe below)
<b>Describe full scope of work</b>				
<b>O. Building Height &amp; Floor Areas</b>				
<b>Floor Areas (as applicable) Square Foot (sf)</b>	<b>Existing</b>	<b>Remodel/Alteration</b>	<b>New / Addition</b>	<b>TOTAL per floor</b>
<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement				
First Floor				
Second Floor				
Third Floor				
<b>TOTAL LIVING AREA</b>				
<b>Garage:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Carport				
<b>Detached Accessory Structure</b> <input type="checkbox"/> Shed > 120 sf <input type="checkbox"/> Pool				
<b>Deck:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached				
<b>E. Building Height &amp; Attributes</b>				
Grade at Entrance to		Attributes Per Dwelling		
Top of Highest Roof:      feet		Bedrooms:	Bathrooms: Full:	Partial:
<b>III. Construction Valuation</b>				
Total Cost of Project (ALL TRADES) (Labor, Materials, Overhead & Profit):      \$		Expected Start Date:		Expected Completion Date:
<b>IV. Designated Responsible Party for Payment of Permit Fee</b>				
Role in Project (i.e. general contractor, owner, etc.)				
Name		Company		
Address		City		State      Zip
Phone		Fax		Email

<b>V. Contractors / Design Professional (if applicable)</b>			
<b>A. General Contractor</b>			
Contact Person	Company		
Address	City	State	Zip
Phone/Fax	Email		
<b>B. Electrical Contractor (City Registration and Separate Permit Required)</b>			
	Phone	Reg.#	
<b>C. Mechanical Contractor (City License and Separate Permit Required)</b>			
	Phone	Lic.#	
<b>D. Plumbing Contractor (State License and Separate Permit Required)</b>			
	Phone	Lic.#	
<b>E. Roofing Contractor (State License Required)</b>			
	Phone	Lic.#	
<b>VI. Contractors / Design Professional (if applicable)</b>			
<b>F. Architect/Engineer (if applicable)</b>			
Name	Company		
Phone/Fax	Email		
<b>VII. Applicant's Certificate</b>			
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"> <li>1. The description of use and information contained on this application is correct and;</li> <li>2. The structure will not be occupied or used until a Certificate of Occupancy is issued by the Building Department and;</li> <li>3. The project will comply with all conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and;</li> <li>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.</li> <li>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)</li> <li>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.</li> </ol>			
<b>Applicant if other than the Owner:</b>			
<input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Contract Buyer <input type="checkbox"/> Other _____			
<b>Provide legal address, phone and signature of applicant to affirm the above statements</b>			
Name	Title		
Company	Phone		
Street Address	City	State	Zip
<b>Signature</b> 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

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## Residential Building Permit Clearance Form

**\*\*To be completed by Staff\*\***

<b>Project Information</b>					
Project Address			P.I.N.#		Zoning District
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#:	Date
Required Setbacks (feet)		Proposed Setbacks (feet)			
North: _____		East: _____		South: _____ West: _____	
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"/> No <input type="checkbox"/> Existing		
Are Public Sidewalks Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing		Is Landscaping Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing		Is Off-Street Parking Required? Required <input type="checkbox"/> Provided <input type="checkbox"/>	
<b>Do the Following Apply?</b>					
Is the property in an Enterprise Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Community Development Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Flood Hazard Ordinance Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Historic Preservation Ordinance Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Drainage approval required from City Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Access Permit required from City Traffic Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Planning &amp; Zoning Section Staff Comments</b>					
_____ _____ _____ _____					
Zoning Clearance By: _____			Date _____		Zoning Clearance #: _____
					Fee \$ _____ [Inv# _____]
<b>Is a Public Works Clearance Required?</b> [Curb Cut / Driveway / Flood Way / Drainage / Other] <input type="checkbox"/> No, not required. <input type="checkbox"/> Yes. See attached signed Public Works clearance form.					
<b>Is a Water Fee Paid?</b> <input type="checkbox"/> No, not required. <input type="checkbox"/> Yes. Verification provided. ▶ Water Ref. #: _____ <input type="checkbox"/> Yes. Fees are charged with this permit.					
Public Works Clearance By: _____			Date _____		P.W. Clearance #: _____
					Fee \$ _____ [Inv# _____]
<b>Building Code Section Staff Comments</b> (permit is subject to the following comments and conditions:)					
_____ _____ _____					
Building Permit #: _____			Calculated Construction Cost:		
Other Permit #: _____			Building Permit Fee \$ _____		
			Processing Fee \$ _____		
			Subtotal \$ _____		
			Tech Fee \$ _____		
			Other _____ \$ _____		
Approved By: _____			Date _____		
			TOTAL FEES: \$ _____		
			[Inv# _____]		