



Application is to be filled out thoroughly, failure to do so will result in delays. Your application will not be accepted or processed until you provide us with adequate information.

**City of Rockford, Illinois**

Community & Economic Development Department  
 Construction and Development Services  
 425 East State Street, Rockford, IL 61104  
 Phone: (779) 348-7171 Fax: (815) 967-4243  
 Web: www.rockfordil.gov

**FIRE PROTECTION PERMIT**

\*\* PROP. OWNER INFORMATION IS REQUIRED \*\*

<b>1. PROJECT &amp; OWNER INFORMATION</b>					
<b>Are you activating a sub-contractor permit?</b> Yes                      No, this is a stand-alone project. <b>*** If yes, please stop this application and contact your General Contractor. Have them provide the Main Permit (it will begin with "MULCOM"). Once you have this permit #, please provide it along with your application and continue***</b>					
Permit# SFD _____					
MULCOM _____					
Project Address					Zip
<b>Type of Property:</b> One Family                      Townhouse/ Two Family                      Commercial/ Industrial					
Project Name					
Owner's Name		Phone		Email	
Owner's Address		City		State	Zip
<b>2. CONTRACTOR INFORMATION</b>					
Company			Contact Person		
Address		City		State	Zip
Phone		<b>FSC License # OR Private Alarm License</b> _____			
<b>3. DESCRIPTION OR WORK</b>					
<u>Type of Fire System</u>	# of systems	<u>Type of System</u>	# of systems	<u>System Information</u>	
Fire Alarm/ Detection		Wet Sprinkler System		Number of Sprinkler Heads	#
Emergency Evacuation		Dry Sprinkler System		Number of Dry Heads	#
Other Alarm System		Standpipe		Total Number of Standpipes	#
Wet Chemical System		Fire Pump		<u>Other Systems</u>	
Dry Chemical System		Fire Dept. Connection		Backflow/ RPZ	#
Clean Agent System		Private Hydrant		Total Square Feet of Work: _____	
<b>Total Cost of Project</b> (Labor, Materials, Equipment, Overhead & Profit)      \$ _____					
Signature: X _____			Date: _____		