

City of Rockford, Illinois

Planning and Zoning Division
 425 East State Street, Rockford, IL 61104
 Phone: (779) 348-7158 Fax: (815) 967-4243
 Website: www.rockfordil.gov



PARKING LOT PERMIT APPLICATION
3+ FAMILY, COMMERCIAL/INDUSTRIAL

Applicant to Complete Sections I - III Below

Application #:

I. Project Details					
Project Address			Total Cost of Construction \$		
All Existing Uses On The Property Are:			All Proposed Uses On The Property Are:		
Describe full scope of work					
Width of Existing Driveway (Measured at Right-of-Way)		Ft.	In.	Total Width of New Driveway (Measured at Right-of-Way)	
				Ft. In.	
Length of Curb Being Cut					
Ft. In.					

II. Property Owner Information					
Owner's Name			Phone		Fax
			Email Required:		
Owner's Address			City		State Zip

III. Contractor Information					
Contractor's Name			Phone		Fax
			Email Required:		
Contractor's Address			City		State Zip

- Three (3) copies of a "to scale" site plan, including landscaping plans and drainage plans must be submitted with this form.
- The Applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

Applicant is: Owner Contractor (Check One)	PROOF OF INSURANCE AND BOND WITH CITY REQUIRED FOR CONTRACTOR WHEN WORKING IN THE RIGHT-OF-WAY
Applicant's Signature X	Date

IV. Staff Comments (to be completed by Staff)					
Zoning District:	Zoning File #:	S.U.P. Date	Variation(s) Date		
Total # Parking Spaces:		Total H.C. # Parking Spaces:		Is Sidewalk Required?	
Req'd	Prov	Req'd	Prov	<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				
Illinois Dept. Conservation Review? <input type="checkbox"/>	Located in Enterprise Zone? <input type="checkbox"/>	Historic Preservation Ordinance? <input type="checkbox"/>	Flood Hazard Ordinance? <input type="checkbox"/>	Drainage Approval Required? <input type="checkbox"/>	Access Permit from I.D.O.T.? <input type="checkbox"/>

CONDITIONS

Public Works: _____

Zoning: _____

APPROVED BY: _____ date: _____

CALL PUBLIC WORKS @ 779-348-7174 FOR A FINAL INSPECTION

SAMPLE PARKING LOT AND LANDSCAPING PLAN



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 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: _____