

** PROP. OWNER INFORMATION IS REQUIRED **

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: www.rockfordil.gov

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.



RESIDENTIAL BUILDING PERMIT APPLICATION

One and Two Family Dwellings and their Accessory Structures

1. PROJECT & OWNER INFORMATION

Project Address		Zip
Owner's Name	Phone	Email
Owner's Address	City	State and Zip

2. CONSTRUCTION INFORMATION

A. Occupancy <input type="checkbox"/> One Family <input type="checkbox"/> Two Family	B. Type of Improvement (check all that apply) <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Interior Demo. <input type="checkbox"/> Foundation Only <input type="checkbox"/> Remodel/ Alteration <input type="checkbox"/> Change of Use
Detailed description of Work being performed: 	

C. Building Height & Floor Areas **ONLY IF APPLICABLE**

	EXISTING	REMODEL/ ALTERATION	NEW/ ADDITION	TOTAL SQ FT
<input type="checkbox"/> Finished Basement				
<input type="checkbox"/> Unfinished Basement				
First Floor				
Second Floor				
Third Floor				
TOTAL LIVING AREA				
Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Carport				
Detached Accessory Structure: <input type="checkbox"/> Shed <input type="checkbox"/> Pool				
Deck: <input type="checkbox"/> Attached <input type="checkbox"/> Detached				
Grade at Entrance to Top of Highest Roof: FT	Attributes: # Bedrooms:	#Bathrooms;	Full:	Partial:

3. CONSTRUCTION VALUATION

Total Cost (ALL Trades)
 (Labor, Materials, Overhead & profit) **\$**

4. CONTRACTORS

A. General Contractor

Contact Person	Company		
Address	City	State	Zip
Phone	Email		

B. Architect/ Engineer (if applicable)			
Contact Person			Company
Phone	Email		
C. Roofing Contractor (State License Required)			
	Phone#	Lic #	
D. Which sub-contractors are you paying for? ___ Not paying for sub-contractors			
___ ELECTRICAL (City of Rockford Issued license)	___ PLUMBING (State Issued license)	___ MECHANICAL (GAS PIPING) (City of Rockford Issued license)	___ MECHANICAL (HVAC) (City of Rockford Issued license)
Please note that although you are paying for their permit(s), THESE PERMITS ARE NOT YET ISSUED. In order for them to be issued, your sub-contractor(s) needs to fill out the appropriate application with their license number, valuation of the work being completed by them & a full detailed scope of work. Thank you.			
5. APPLICANT'S CERTIFICATE			
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"> 1. The description of use and information contained on this application is correct and; 2. The structure will not be occupied or used until a Certificate of Occupancy (if required) is issued by the Building Department and; 3. The project will comply with all conditions of approval requirement of applicable City Ordinances and pay all fees required by such ordinances and; 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. 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 from with the Illinois Environmental Agency, as required by Section 61.145(b). (Asbestos Regulations) 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. 			
Applicant is other than owner			
___ Contractor ___ Architect/Engineer ___ Contract Buyer ___ Other:			
Provide legal address, phone and signature of applicant to affirm the above statements			
Applicant		Title	
Company	Phone	Email	
Address	City	State	Zip
Signature By entering my name below, I acknowledge and represent that I have reviews and understand The Applicant's Certificate and that all of the information provided is true and accurate.			Date
X			