

City of Rockford, Illinois

Community & Economic Development Department
Construction and Development Services
425 East State Street, Rockford, IL 61104
Phone: (815) 987-5550 Fax: (815) 967-4243 TDD (815) 987-5718
Web: www.rockfordil.gov



Zoning Clearance #:

APPLICATION FOR REGISTRATION OF A HOME OCCUPATION

▪ **The applicant must provide a copy of any State Licenses (if applicable)**

1. Property Location: _____ Rockford, IL _____

2. Name of Applicant: _____ Phone #: _____

3. Mailing Address: _____

4. Type of Occupation, intended use and hours of operation: _____

5. List of mechanical (heating/cooling) and/or electrical equipment to be used: _____

6. Location within the dwelling unit for home occupational use: _____

7. Method of Operation: _____

(by appointment only, walk-in, etc.)

Signature of applicant: _____

STATE OF ILLINOIS)
) SS
COUNTY OF WINNEBAGO)

_____, a legal resident of Rockford, County of
(name of person signing application)

Winnebago and State of Illinois being sworn before me, declares that he (she) is the lawful representative of the person described in the foregoing application, and that all statements are true and correct.

SWORN and SUBSCRIBED to before me this _____ day of _____, 20____
at Rockford, County of Winnebago, and State of Illinois.

Notary Public

Approval by Zoning Supervisor: _____ **Zoning District:** _____

Date: _____ **Fee Paid:** _____ **Invoice No.:** _____