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

THE CITY OF ROCKFORD ILLINOIS, USA

BUILDING DEMOLITION PERMIT APPLICATION
DOCUMENTS REQUIRED FOR FILING

1. This application completed through page 2.
2. Site plan clearly depicting what areas to be demolished, what areas to remain and the end result of the area being demolished. Demolitions where a portion of the building will remain may require submittal of structural documents by an architect/structural engineer for analysis of the structure. A separate permit will also be required for the completion or finishing work of such a project where portions of a building remain.
3. Copies of notices to adjacent property owners of the impending demolition.

Project Address:_____

Property Code # (P.I.N.):_____

Property Type:___Residential (1 or 2 family)___Commercial_____Industrial_____Multifamily Dwelling Units

Project Name:_____

Owners Name_____ Phone/Fax Nos.:_____/_____

Owners Address:_____ Zip code:_____

Demolition Contractor:_____ Contact Person:_____

Address: _____ Lic.#:_____ Phone/FaxNos.:_____/_____

VALUE OF DEMOLITION: $_____

General Contractor:_____ Phone/FaxNos.:_____
 (when applicable)
Architect/Engineer (structural documents):_____ Phone/FaxNos.:_____/_____
 (when applicable)

Describe work to be done in DETAIL:_____

_____

_____

Existing Use(s):_____

Proposed Use(s):_____

Expected Start Date of Demolition:_____ Expected Date of Completion:_____

What will be put in place of demolished structure(s)?_____
Such as top soil & seed, pavement, etc.:

FLOOR AREAS:
Total building area on all floors:_____ sq.ft.
Total floor area to be demolished:_____ sq.ft.
Remaining floor area:_____ sq.ft.

NO. OF BUILDINGS TO BE DEMOLISHED:
Commercial Structures:_____
Residential Structures:_____
Accessory Structures:_____

BUILDING HEIGHT:

Mean height of highest roof from mean grade:_____ feet.
Number of Stories above grade:_____
Basement?   YES [   ]   NO [   ]

TOTAL BUILDING DIMENSIONS:
Width:_____ feet. Length:_____ feet.

APPLICANT'S CERTIFICATE

As owner or authorized agent of the project for which this application is being filed, I hereby certify:
1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Building Department and;
3. The project, if permit is granted, will comply with all requirements of applicable City Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the released documents [drawings and specifications] and applicable codes and ordinances of the City of Rockford and;
5. Any changes to the released documents will be filed with the City of Rockford Building Department and;
6. Another application will be submitted at such time as the described use may change.
7. 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.
8. 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 behalf. I will be acting on behalf of the owner as his:

[ ] CONTRACTOR [ ] ARCHITECT [ ] ENGINEER [ ] AGENT/OTHER _____

APPLICANT MUST COMPLETE * _ONE_ * OF THE APPROPRIATE SECTIONS BELOW:

As applicant other than the owner: **As owner:**

_____   _____
(Name of applicant if other than owner) typed or printed   (Name of Owner) typed or printed

_____ _____   _____
(Title)   (Phone #)   (Phone #)

_____   _____
(Street Address of applicant other than owner)   (Street Address of owner)

_____   _____
(City, State, Zip)   (City, State, Zip)

X_____   X_____
(Signature of applicant other than owner)   (Date)   (Signature of owner as applicant)   (Date)