

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



MECHANICAL PERMIT APPLICATION

Applicant to complete sections I-IV

App. #:

I. Project & Owner Information			
Project Address		Zip	
Type of Property: <input type="checkbox"/> One & Two Family <input type="checkbox"/> Multi-Family (3+ Units) <input type="checkbox"/> Commercial/Industrial			
Project Name			
Owner's Name		Phone	Fax/Email
Owner's Address		City	State Zip
II. Contractor Information (City of Rockford License Required) <i>State license required for Hood Fire Suppression only</i>			
Company		Contact Person	
Address		City	State Zip
Phone	Fax	License #:	
▶ If you prefer to receive your permit via fax or email, please provide that information here. If you do not provide a fax number or email address, you will receive your permit via post office mail.			
<input type="checkbox"/> Fax / <input type="checkbox"/> Email:			
III. Description of Work (If multiple units, list additional in 'Other/Notes' section below)			
FORCED AIR <input type="checkbox"/> Replace <input type="checkbox"/> New _____ % Efficiency _____ BTU <input type="checkbox"/> Weatherization - Work Order # _____		MISC. (check all that apply) <input type="checkbox"/> Ductwork <input type="checkbox"/> Chimney Liner <input type="checkbox"/> Fireplace (specify type): <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Hood Fire Suppression _____ # Nozzles <input type="checkbox"/> Exhaust _____ cfm <input type="checkbox"/> Make-up _____ cfm <input type="checkbox"/> Refrigeration (list equip): _____ <input type="checkbox"/> Gas Piping _____ Total BTU	
AC <input type="checkbox"/> Replace <input type="checkbox"/> New _____ Ton _____ SEER			
BOILER <input type="checkbox"/> Replace <input type="checkbox"/> New _____ BTU			
RTU <input type="checkbox"/> Replace <input type="checkbox"/> New _____ Ton _____ BTU			
Other/Notes:			
IV. Construction Valuation			
Total Cost of Project \$ _____ (which includes: Labor, Materials, Equipment, Overhead & Profit)		Expected Start Date:	Expected Completion Date:
Requested Inspection Date:		Time Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM	Lock Box #(if applicable):
Applicant's Signature X		Date	