

# City of Rockford, Illinois

425 East State Street, Rockford, IL 61104  
 Lawrence J. Morrissey, Mayor  
 Bonnie B. Henry, MCP, CBO Director of Building Dept.  
 Phone: (815) 987-5550 Fax: (815) 967-4243



## Certificate Of Occupancy Check List

**Building Permit Number:** \_\_\_\_\_  
**Address of structure:** \_\_\_\_\_  
**Name of Owner:** \_\_\_\_\_  
**Address of Owner:** \_\_\_\_\_  
Street zip code

1. Description of portion of structure for which the certificate will be issued. \_\_\_\_\_  
 \_\_\_\_\_
2. Edition of Code(s) under which permit(s) were issued: Building. ICC IBC 2003, Fire Prevention ICC IFC 2003, Elec. ICC 2003/NEC 2002, Elev. ASME A17.1 2000, Mech. ICC-IMC 2003, Gas Piping ICC-IFGC & IFGS 2003, Plumb. IPC 2004, Illinois Accessibility Code IAC 4/24/1997.
3. Use Group and occupancy in accordance with Chapter 3.  
 [i.e. F2, metal fabrication and assembly] \_\_\_\_\_  
 (list all non accessory [not more than 10% aggregate area of a story] area uses)  
 302.3.2 (non-separated)  
 302.3.3 (separated occupancies/Fire barriers & Horizontal assemblies) \_\_\_ to \_\_\_ = \_\_\_ hr.  
 705 (separate buildings/Fire walls) \_\_\_ to \_\_\_ = \_\_\_ hr.
4. Type of construction (list all if multiple buildings separated by fire walls [503.2, 602, 705])  
 \_\_\_\_\_
5. Design occupant load (by floor and total). \_\_\_\_\_
6. Is/are there a/any automatic fire sprinkler system(s)?  YES  NO  
 Was/were the system(s) code required?  YES  NO  
 If required or not, to what standard were they designed?  NFPA 13  NFPA 13R  OTHER  
 Hazard Classification(s) which automatic fire sprinkler system was designed.  
 Low  Ordinary group 1  Ordinary group 2  Extra group 1  
 Extra group 2  Special Occupancy - Commodity Standard \_\_\_\_\_
7. Certification of Design Professional(s). By signing below I/we agree that the information listed in items 1 through 6 above is to the best of our knowledge accurate and complete.  
 Firm: \_\_\_\_\_ Design Professional's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Firm: \_\_\_\_\_ Design Professional's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Firm: \_\_\_\_\_ Design Professional's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**8.** Special stipulations and conditions of Permit (i.e. appeals process, details of use, etc.)

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**9.**  Mechanical (date: \_\_\_\_\_ by: \_\_\_\_\_),  Plumbing (date: \_\_\_\_\_ by: \_\_\_\_\_),  Elevator (date: \_\_\_\_\_ by: \_\_\_\_\_) and  Electrical (date: \_\_\_\_\_ by: \_\_\_\_\_) inspections have received final acceptance.

**10.**  Elevator(s) (date: \_\_\_\_\_ by: \_\_\_\_\_),  Fire Alarm (and detection) system (date: \_\_\_\_\_ by: \_\_\_\_\_) and  Automatic Fire Sprinkler System(s) (date: \_\_\_\_\_ by: \_\_\_\_\_) testing and maintenance agreements with written documentation of individual or agency responsible including a copy of individual's job description [if building occupant staff member to perform testing/maintenance] or agencies qualifications/certification to perform testing/maintenance on such systems.

**11.** As built documents of the  Automatic Fire Sprinkler System(s) (date: \_\_\_\_\_ by: \_\_\_\_\_), and  Fire Alarm (and detection) system [with wire diagrams, floor plans and zone identification] System (date: \_\_\_\_\_ by: \_\_\_\_\_), submitted to the Office of Fire Prevention (204 South 1st Street, 61104).

**12.**  Building (date: \_\_\_\_\_ by: \_\_\_\_\_) and  Fire department (date: \_\_\_\_\_ by: \_\_\_\_\_) inspections have received final acceptance.

**13.**  Insure ALL permit fees have been paid in full.