

**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



**PARKING LOT PERMIT APPLICATION**  
**3+ FAMILY, COMMERCIAL/INDUSTRIAL**

Applicant to Complete Sections I - III Below

Application #:

<b>I. Project Details</b>					
Project Address		Subdivision		Lot #	
All Existing Uses On The Property Are:			All Proposed Uses On The Property Are:		
Describe full scope of work _____					
Width of Existing Driveway (Measured at Right-of-Way)		Total Width of New Driveway (Measured at Right-of-Way)		Length of Curb Being Cut	
Ft.	In.	Ft.	In.	Ft.	In.

<b>II. Property Owner Information</b>			
Owner's Name		Phone	Fax
Owner's Address		City	State Zip

<b>III. Contractor Information</b>			
Contractor's Name		Phone	Fax
Contractor's Address		City	State Zip

- Three (3) copies of a "to scale" site plan, including landscaping plans and drainage plans must be submitted with this form.
- The Applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

<b>Applicant is:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor (Check One)	<b>PROOF OF INSURANCE AND BOND                  WITH CITY REQUIRED FOR                  CONTRACTOR WHEN WORKING IN THE                  RIGHT-OF-WAY</b>
Applicant's Signature <b>X</b>	Date _____

<b>IV. Staff Comments (to be completed by Staff)</b>					
Zoning District:		Zoning File #:		S.U.P. Date	
Variation(s) Date		Total # Parking Spaces:		Total H.C. # Parking Spaces:	
Req'd    Prov		Req'd    Prov		Is Sidewalk Required?	
Is Landscaping Required?		Is Sidewalk Required?		Is Landscaping Required?	
□ Yes    □ No    □ Existing		□ Yes    □ No    □ Existing		□ Yes    □ No    □ Existing	
Illinois Dept. Conservation Review? <input type="checkbox"/>	Located in Enterprise Zone? <input type="checkbox"/>	Historic Preservation Ordinance? <input type="checkbox"/>	Flood Hazard Ordinance? <input type="checkbox"/>	Drainage Approval Required? <input type="checkbox"/>	Access Permit from I.D.O.T.? <input type="checkbox"/>
<b>CONDITIONS</b>					
Public Works: _____					
Zoning: _____					
APPROVED BY: _____ date: _____					
<b>CALL PUBLIC WORKS @ 815-967-6744 FOR A FINAL INSPECTION</b>					

Parking Lot Permit Fee: \$	(acct. 1010 61407)	Curb Cut Permit Fee: \$	(acct. 1010 61407)	Invoice #:	Date:
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