

City of Rockford, Illinois

Community & Economic Development Department
Construction and Development Services
425 East State Street, Rockford, IL 61104
Phone: (779) 348-7158 Fax: (815) 967-4243
Web: www.rockfordil.gov

Application is to be filled out thoroughly, failure to do so will result in delays. Your application will not be processed until you provide us with adequate information.



BUILDING DEMOLITION PERMIT APPLICATION **DOCUMENTS REQUIRED FOR** **FILING**

1. Have you applied for your Demolition Contractor License?
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.
4. Four Rivers Sanitation Authority must be contacted at (815)387-7555 to verify if the subject property is served by the public sanitary sewer system.
5. If there are any existing water services, they must be capped at the main.

IS THIS A CITY OF ROCKFORD DEMOLITION? NO YES; provide your P.O/ Bid#_____

1. PROJECT & OWNER INFOMRATION			
Project Address:		Zip	Property code # (P.I.N)
Structure to be demolished:			
Property Type: <input type="checkbox"/> Residential (1 or 2 family) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Multifamily Dwelling Units			
Owner's Name:	Phone	Email	
Owner's Address:			Zip
2. DEMOLITION CONTRACTOR INFORMATION			
Are you outsourcing this bid to another demolition contractor?			
<input type="checkbox"/> NO <input type="checkbox"/> YES; please provide their company name and license number:			
Company name:	License number:		
Business Name:		Phone	
Contact Person:		Cell number:	
Company Address:			Zip
Lic number provided by City or Rockford:		Email:	

VALUATION OF DEMOLITION: \$_____



Has Four Rivers Sanitation Authority been contacted? You must contact their office prior to performing any work.

Describe work to be done in DETAIL:

What would be put in place of demolished structure(s)(top soil & seed, pavement, etc): _____

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

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. Width: _____ feet. Length: _____ feet.

Number of Stories above grade: _____

Basement? YES NO

TOTAL BUILDING DIMENSIONS:

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. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations)
9. 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:

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

As applicant other than the owner:

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

X

(Signature)

(Date)

As owner:

(Name of Owner) typed or printed

(Signature)

(Date)