

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



BUILDING PERMIT APPLICATION Commercial, Industrial or Multifamily Dwelling Units

Plan Review #:

Applicant to complete sections I-VIII (pages 1-3)

App. #:

I. Project & Owner Information					
Project Street Address			P.I.N.		
Project Name					
Owner's Name		Phone		Fax	
Owner's Address		City		State	Zip
II. Type of Improvement & Construction Information					
A. Type of improvement (check all that apply)					
<input type="checkbox"/> New Building	<input type="checkbox"/> Remodel/Alteration	<input type="checkbox"/> Change Of Use	<input type="checkbox"/> Relocation of Structure		
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Repair	From: _____	<input type="checkbox"/> Temporary Struct. (>120sf & <180 days)		
<input type="checkbox"/> Addition	<input type="checkbox"/> Interior Demolition	To: _____			
Existing Use		Proposed Use			
Describe full scope of work _____					
B. Construction Type					
<input type="checkbox"/> I-A Non-Combustible, Protected	<input type="checkbox"/> II-A Non-Combustible, Protected	<input type="checkbox"/> III-A Non-Combustible, Exterior, Protected	<input type="checkbox"/> IV Heavy Timber	<input type="checkbox"/> V-A Combustible, Protected	
<input type="checkbox"/> I-B Non-Combustible, Protected	<input type="checkbox"/> II-B Non-Combustible, Unprotected	<input type="checkbox"/> III-B Non-Combustible, Exterior, Unprotected	<input type="checkbox"/> V-B Combustible, Unprotected		
C. Use Group / Occupancy Type					
<input type="checkbox"/> A-1 Assembly, Theaters	<input type="checkbox"/> B Business	<input type="checkbox"/> I-2 Institutional, Hospitals, Nursing Homes	<input type="checkbox"/> R-3 Residential, Town Houses Specify # Units: _____		
<input type="checkbox"/> A-2 Assembly, Nightclubs Restaurants, Bars, Banquet Halls	<input type="checkbox"/> E Educational	<input type="checkbox"/> I-3 Institutional, Restrained	<input type="checkbox"/> R-4 Residential, Care/Assisted Living Facilities (6-16 Occ)		
<input type="checkbox"/> A-3 Assembly, Religious General, Community Halls, Libraries, Museums	<input type="checkbox"/> F-1 Factory & Industrial, Moderate Hazard	<input type="checkbox"/> I-4 Institutional, Daycare	<input type="checkbox"/> S-1 Storage, Moderate Hazard		
<input type="checkbox"/> A-4 Assembly, Arenas	<input type="checkbox"/> F-2 Factory & Industrial, Low Hazard	<input type="checkbox"/> M Mercantile (Retail)	<input type="checkbox"/> S-2 Storage, Low Hazard		
<input type="checkbox"/> A-5 Assembly, Arenas	<input type="checkbox"/> H High Hazard	<input type="checkbox"/> R-1 Residential, Hotels	<input type="checkbox"/> U Utility, Miscellaneous Specify # Units: _____		
<input type="checkbox"/> I-1 Institutional, Supervised					
D. Building Height & Floor Areas					
Grade at Entrance to Top of Highest Roof: _____ ft _____ in Building Width: _____ ft Length: _____ ft Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Stories Above Grade: _____ Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Area Square Feet (sf)	Existing	Remodel/Alteration	New / Addition	TOTAL per floor
	Basement				
	1 st Floor				
	2 nd Floor				
	Mezz./Other				
	TOTAL ALL FLOORS				
III. Construction Valuation					
Total Cost of Project (ALL TRADES) (Labor, Materials, Overhead & Profit):	\$	Expected Start Date:	Expected Completion Date:		

IV. Designated Responsible Party for Payment of Permit Fee

Role in Project
(i.e. general contractor, owner, etc.)

Name	Company
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V. Deferred Submittals

Is project to be submitted in phases? Yes No If **Yes**, designate the Design Professional in Responsible Charge (DPRC). The DPRC shall review the deferred submittals and forward them to the Code Official with a notation indicating that the documents have been reviewed and been found to be in general conformance with the building design. (i.e. MEP dwgs)

A. Design Professional in Responsible Charge (DPRC)

Name	Company	
Phone	Fax	Email

VI. Construction Documents**A. Architect**

Architect of Record	Company		
Address	City	State	Zip
Phone	Fax	Email	

B. Others

Structural Engineer	Phone	Email or Fax
Mechanical Engineer	Phone	Email or Fax
Electrical Engineer	Phone	Email or Fax
Plumbing Engineer/Designer	Phone	Email or Fax
Fire Suppression Engineer	Phone	Email or Fax
Fire Alarm Engineer/Designer	Phone	Email or Fax
Civil Engineer	Phone	Email or Fax

VII. Contractors (if there are additional contractors, please attach a separate list)**A. General Contractor**

Contact Person	Company		
Address	City	State	Zip
Phone	Fax	Email	

B. Mechanical Contractor (City License and Separate Permit Required)

Contractor	Phone	License #
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C. Plumbing Contractor (State License and Separate Permit Required)

Contractor	Phone	License #
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D. Electrical Contractor (City Registration and Separate Permit Required)

Contractor	Phone	Registration #
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E. Fire Sprinkler Contractor (State License and Separate Permit Required)

Contractor	Phone	License #
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F. Fire Alarm Contractor (City Registration and Separate Permit Required if NOT Electrical Contractor Above)

Contractor	Phone	License #
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G. Roofing Contractor (State License Required)

Contractor	Phone	License #
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APPLICANT'S CERTIFICATE

Must be completed, signed and dated for permit to be processed.

VIII. 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 Construction & Development Services division 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 Construction & Development Services 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 the behalf of the owner as his:

Architect **Engineer** **Contractor** **Agent** **Other** _____

Name	Title		
Company	Phone		
Street Address	City	State	Zip
Signature	Date		
X			

Select Sub-Permits: If any of the alterations listed below are included on the submitted plans, please provide square footage for said alterations. **DO NOT ENTER SQUARE FOOTAGE IF SUB-PERMIT WORK IS NOT INCLUDED ON THE PLANS YOU ARE SUBMITTING.**

Sub-Permit Type	Square Footage of Work Area
Mechanical	
Mechanical Gas	
Kitchen Hood	
Electrical	
Plumbing	

Check Box if MEPs are not included

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**Building Code Section Clearance Form**

(To be completed by Staff)

PERMIT IS SUBJECT TO THE FOLLOWING COMMENTS

- Permit holder(s) shall call for all inspections – see attached inspection list.
- A separate permit is required for electrical/fire alarm work and shall be performed by a Registered Electrician.
- Construction Documents shall be submitted for electrical/fire alarm work before an electrical permit is issued.
- A separate permit is required for plumbing work and shall be performed by an IL Licensed Plumbing Contractor.
- Construction documents shall be submitted for plumbing work before a plumbing permit is issued.
- A separate permit is required for mechanical work and shall be performed by a Licensed Mechanical Contractor.
- Construction documents shall be submitted for mechanical work before a permit is issued.
- A separate permit is required for refrigeration work and shall be performed by a Licensed Refrigeration Contractor.
- Construction documents shall be submitted for refrigeration work before a refrigeration permit is issued.
- A separate permit is required for fire suppression work.
- Construction documents shall be submitted for fire suppression work before a permit is issued.
- See plan review # _____ and response letter(s) from the designer. _____

Building Permit #: _____
Foundation Permit #: _____
Other Partial Permit #: _____
Other Partial Permit #: _____

Approved By: _____

Date: _____

Plan Review Fees: (see fee schedule for rates)	
Foundation	\$ _____
Building	\$ _____
Mechanical	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Fire Suppression	\$ _____
 (SF) X =	
Building Permit Fee	\$ _____
Processing Fee	\$ _____
Subtotal	\$ _____
Tech Fee	\$ _____
Total Fees:	\$ _____ [Invoice No. _____]

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Planning & Zoning Clearance Form

(To be completed by Staff)

App. #2

Project Information

Project Address

PIN #

Zoning District

Site Plan Review

Is there a Special Use Permit? Yes Were Variations Granted? Yes File No. _____ Yes File No. _____
 No No Date: _____ No Date: _____

Required Setbacks (feet) North: _____ East: _____ South: _____ West: _____

Proposed Setbacks (feet) North: _____ East: _____ South: _____ West: _____

Building Height (grade at front door to highest roof, or mechanical or architectural appurtenance): _____ feet Is the height of the structure under allowable limits? Yes Existing No

Is a Site Illumination Plan Required?	<input type="checkbox"/> Yes <input type="checkbox"/> Shown	Is a Trash Dumpster Enclosure Required?	<input type="checkbox"/> Yes <input type="checkbox"/> Shown
	<input type="checkbox"/> No <input type="checkbox"/> Not Shown		<input type="checkbox"/> No <input type="checkbox"/> Not Shown

Is Sanitary Sewer Required? Yes Existing Is City Water Required? Yes Existing

<input type="checkbox"/> No	<input type="checkbox"/> No
Are Public Sidewalks Required?	<input type="checkbox"/> Yes <input type="checkbox"/> Existing

<input type="checkbox"/> Yes <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing
<input type="checkbox"/> No	Required Provided

Do the Following Apply?

Is the property located in the Enterprise Zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Historic Preservation Ordinance apply?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a Public Works Dept. Clearance Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Staff Comments

Paving: _____

Landscaping: _____

ALL REQUIRED PAVING, SIDEWALK AND LANDSCAPING MUST BE COMPLETED PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.

Zoning
Clearance By: _____

Date: _____ [Invoice No.: _____] _____

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Construction Project Inspection List

The following lists inspections performed by the City of Rockford Building Department for construction projects requiring permits. All or some of the inspections will be required for this project. The inspections are grouped in the most commonly requested order. Multiple inspections of the same type may be requested or required.

I. Project & Owner Information

Project Name	
Project Address	Zip
Name of Applicant	Phone

PERMIT MUST BE POSTED BEFORE ANY WORK IS STARTED. NO INSPECTION WILL BE MADE WITHOUT POSTING OF PERMIT. CALL FOR INSPECTIONS (1) FULL BUSINESS DAY OR 24 HOURS IN ADVANCE.

Lowest floor elevation – certification of lowest floor elevation following excavation prior to any other work when within flood hazard area or when requested by Public Works Department.

Footing or foundation – following excavations and after forms and any reinforced steel are in place and prior to pouring of concrete.

Damproofing & drainage tiles - following completion of foundation and prior to backfilling of foundation.

Exterior foundation insulation (if applicable) - following completion of damproofing and prior to backfilling of foundation.

Electrical Service - following backfilling of foundation.

Sewer & Water Service - following installation and prior to covering.

Underground/floor slab Electrical - following installation prior to covering with soil or floor slab

Underground/floor slab Plumbing - following installation prior to covering with soil or floor slab

Underground/floor slab Mechanical and Gas piping - following installation prior to covering with soil or floor slab

Underground Fire Suppression - following installation prior to covering with soil (when separate from water service)

Electrical rough-in - prior to covering of work in walls or ceilings

Plumbing rough-in - prior to covering of work in walls or ceilings

Mechanical and Gas piping rough-in - prior to covering of work in walls or ceilings

Fire Suppression rough-in - prior to covering of work in walls or ceilings [by Fire Dept]

Structural/building framing - prior to insulating and covering of wall, ceiling and roof framing and following all other rough-in inspections

Insulation inspection – following insulation, window/glazing and door installation prior to covering of insulation vapor retarder or removal of window/door thermal performance labels.

OPTIONAL Lath and plaster board inspection – after lath or gypsum board installation and prior to installation of plaster or joint compound FOR FIRE RATED ASSEMBLIES

Electrical final (includes inspection of fire resistant assembly penetration protection)

Plumbing final (includes inspection of fire resistant assembly penetration protection)

Mechanical and Gas piping final (includes inspection of fire resistant assembly penetration protection)

Fire Suppression and Alarm final [by Fire Department] (includes inspection of fire resistant assembly penetration protection)
Shall submit a 'Record of Completion' per NFPA 13 and/or 72 prior to inspection – inspection may require witnessed testing

Structural/building final (includes inspection of fire resistant assembly penetration protection)

Certificate of Occupancy is **required** for additions and new buildings or change of occupancy

Final inspection must be made for all permits issued

City of Rockford, Illinois

Public Works Department
425 East State Street, Rockford, IL 61104
Phone: (779-348-7143 Fax: (815) 967-7052
Web: www.rockfordil.gov



Public Works Clearance Form

(To be completed by Staff)

App. #:

<input type="checkbox"/> Subdivision	<input type="checkbox"/> Site	<input type="checkbox"/> Parking Lot	Plan Review Clearance Form/Plan #:		
Project Information					
Project Name			Building Review #:		
Address/Subdivision		Section No.:		Date of Submittal:	
Engineering Company					
Contact Person		Company			
Address		City		State	Zip
Phone/Fax		Email			

Staff Comments

WATER REVIEW

Comments: _____

Water Engineer Approval: _____ Approval Date: _____

TRAFFIC / STREET LIGHT REVIEW

Access Permit required? Yes No If Yes, from whom: I.D.O.T. Winnebago Co.

Street Light Approval? Yes No

Comments: _____

Traffic Engineer Approval: _____ Approval Date: _____

STORM WATER REVIEW

Grading Permit required? Yes No If Yes, from whom: I.E.P.A N.O.I. City of Rockford

Comments: _____

Storm Water/
Environmental Coordinator Approval: _____ Approval Date: _____

DEVELOPMENT ENGINEER

Comments: _____

Development Engineer Approval: _____ Approval Date: _____

City Engineer Approval: _____ Approval Date: _____

Foundation Clearance Date: _____	Flood Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No Ordnance Apply?	Drainage Review Fee (\$50) \$ _____ (1010-61403)
Full Clearance Date: _____	Curb Cut Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Required?	Water Permit Fee \$ _____ (1010-61233)
	Length:	Curb Cut Permit Fee \$ _____ (1010-61407)
		Total Fees \$ _____
		[Invoice No.:]

