

## 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**

<b>A. Type of improvement (check all that apply)</b>			
<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: _____	
<b>Existing Use</b>		<b>Proposed Use</b>	

<b>Describe full scope of work</b>
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<b>B. Construction Type</b>				
<input type="checkbox"/> <b>I-A</b> Non-Combustible, Protected	<input type="checkbox"/> <b>II-A</b> Non-Combustible, Protected	<input type="checkbox"/> <b>III-A</b> Non-Combustible Exterior, Protected	<input type="checkbox"/> <b>IV</b> Heavy Timber	<input type="checkbox"/> <b>V-A</b> Combustible, Protected
<input type="checkbox"/> <b>I-B</b> Non-Combustible, Protected	<input type="checkbox"/> <b>II-B</b> Non-Combustible, Unprotected	<input type="checkbox"/> <b>III-B</b> Non-Combustible Exterior, Unprotected		<input type="checkbox"/> <b>V-B</b> Combustible, Unprotected

<b>C. Use Group / Occupancy Type</b>			
<input type="checkbox"/> <b>A-1</b> Assembly, Theaters	<input type="checkbox"/> <b>B</b> Business	<input type="checkbox"/> <b>I-2</b> Institutional, Hospitals, Nursing Homes	<input type="checkbox"/> <b>R-3</b> Residential, Town Houses Specify # Units: _____
<input type="checkbox"/> <b>A-2</b> Assembly, Nightclubs Restaurants, Bars, Banquet Halls	<input type="checkbox"/> <b>E</b> Educational	<input type="checkbox"/> <b>I-3</b> Institutional, Restrained	<input type="checkbox"/> <b>R-4</b> Residential, Care/Assisted Living Facilities (6-16 Occ)
<input type="checkbox"/> <b>A-3</b> Assembly, Religious General, Community Halls, Libraries, Museums	<input type="checkbox"/> <b>F-1</b> Factory & Industrial, Moderate Hazard	<input type="checkbox"/> <b>I-4</b> Institutional, Daycare	<input type="checkbox"/> <b>S-1</b> Storage, Moderate Hazard
<input type="checkbox"/> <b>A-4</b> Assembly, Arenas	<input type="checkbox"/> <b>F-2</b> Factory & Industrial, Low Hazard	<input type="checkbox"/> <b>M</b> Mercantile (Retail)	<input type="checkbox"/> <b>S-2</b> Storage, Low Hazard
<input type="checkbox"/> <b>A-5</b> Assembly, Arenas	<input type="checkbox"/> <b>H</b> High Hazard	<input type="checkbox"/> <b>R-1</b> Residential, Hotels	<input type="checkbox"/> <b>U</b> Utility, Miscellaneous
	<input type="checkbox"/> <b>I-1</b> Institutional, Supervised	<input type="checkbox"/> <b>R-2</b> Residential, Multi-Family Specify # Units: _____	

<b>D. Building Height &amp; Floor Areas</b>					
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	<b>Floor Area Square Feet (sf)</b>	<b>Existing</b>	<b>Remodel/Alteration</b>	<b>New / Addition</b>	<b>TOTAL per floor</b>
	Basement				
	1 <sup>st</sup> Floor				
	2 <sup>nd</sup> Floor				
	Mezz./Other				
<b>TOTAL ALL FLOORS</b>					

<b>III. Construction Valuation</b>			
Total Cost of Project (ALL TRADES) (Labor, Materials, Overhead & Profit):	\$	Expected Start Date:	Expected Completion Date:

<b>IV. Designated Responsible Party for Payment of Permit Fee</b>				
Role in Project (i.e. general contractor, owner, etc.)				
Name		Company		
<b>V. Deferred Submittals</b>				
Is project to be submitted in phases? <input type="checkbox"/> Yes <input type="checkbox"/> No		If <b>Yes</b> , 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)		
<b>A. Design Professional in Responsible Charge (DPRC)</b>				
Name		Company		
Phone	Fax	Email		
<b>VI. Construction Documents</b>				
<b>A. Architect</b>				
Architect of Record		Company		
Address		City	State	Zip
Phone	Fax	Email		
<b>B. Others</b>				
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	
<b>VII. Contractors (if there are additional contactors, please attach a separate list)</b>				
<b>A. General Contractor</b>				
Contact Person		Company		
Address		City	State	Zip
Phone	Fax	Email		
<b>B. Mechanical Contractor (City License and Separate Permit Required)</b>				
Contractor		Phone	License #	
<b>C. Plumbing Contractor (State License and Separate Permit Required)</b>				
Contractor		Phone	License #	
<b>D. Electrical Contractor (City Registration and Separate Permit Required)</b>				
Contractor		Phone	Registration #	
<b>E. Fire Sprinkler Contractor (State License and Separate Permit Required)</b>				
Contractor		Phone	License #	
<b>F. Fire Alarm Contractor (City Registration and Separate Permit Required if NOT Electrical Contractor Above)</b>				
Contractor		Phone	License #	
<b>G. Roofing Contractor (State License Required)</b>				
Contractor		Phone	License #	

# **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** \_\_\_\_\_

<b>Name</b>		<b>Title</b>	
<b>Company</b>		<b>Phone</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Signature</b>  <b>X</b>		<b>Date</b>	

**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