

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