

BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

Building Department
303 N. Main Ste 100
Rockford, IL 61101

Application: _____
Check # _____
Phone (815) 319-4350 _____
Fax: (815) 961-3237 _____

PROPERTY	Address		Zoning District (Office Use Only)
	Subdivision	Lot #	Date
PROPERTY OWNER	Name		Phone
			Fax
	Address	City/State	Zip Code
GENERAL CONTRACTOR	Name/Business		Phone
			Fax
	Address	City/State	Zip Code
ARCHITECT/ ENGINEER	Name		Phone
			Fax
	Address	City/State	Zip Code
PLUMBING CONTRACTOR	Name		Phone
			Fax
	Address	City/State	Zip Code
ELECTRICAL CONTRACTOR	Name		Phone
			Fax
	Address	City/State	Zip Code
HEATING & COOLING CONTRACTOR	Name		Phone
			Fax
	Address	City/State	Zip Code

BUILDING INFORMATION			
TYPE OF WORK		USE GROUP:	
<input type="checkbox"/> Build/Out	<input type="checkbox"/> New	<input type="checkbox"/> Garage/Att _____ SF	<input type="checkbox"/> Building _____ SF
<input type="checkbox"/> Addition(s)	<input type="checkbox"/> Reroof	<input type="checkbox"/> Garage/Det _____ SF	<input type="checkbox"/> Basement _____ SF
<input type="checkbox"/> Alteration(s)	<input type="checkbox"/> Duplex	<input type="checkbox"/> Storage Bldg _____ SF	<input type="checkbox"/> Deck _____ SF
<input type="checkbox"/> Change of Occupancy		<input type="checkbox"/> Shed _____ SF	<input type="checkbox"/> Porch _____ SF
<input type="checkbox"/> Demolition of		<input type="checkbox"/> Shell _____ SF	<input type="checkbox"/> Pool
<input type="checkbox"/> Move	<input type="checkbox"/> Sign	<input type="checkbox"/> Foundation only _____ SF	
<input type="checkbox"/> Repair(s)	<input type="checkbox"/> Existing	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other			
Construction cost less elect,plumb,hvac & description of work: _____			
SUPPRESSION SYSTEM:		BUILDING HEIGHT AREA:	
<input type="checkbox"/> NFPA-13	<input type="checkbox"/> NFPA-13R	<input type="checkbox"/> NFPA-13D	<input type="checkbox"/> Limited Area
<input type="checkbox"/> Range Hood	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
Max. Height Above Grade _____		Stories Above Grade _____	
Max. Area per Floor _____ SF		Total Floor Area: _____ SF	
Fir	Thru	Use	SF
Fir	Thru	Use	SF
Fir	Thru	Use	SF
# Units: _____		Multifamily, condo/townhouse	
ALARM SYSTEM:		BUILDING CONSTRUCTION TYPE:	
<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic Detection	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
<input type="checkbox"/> None	<input type="checkbox"/> 5B - Combustible/Unprotected <input type="checkbox"/> 5A - Combustible/protected <input type="checkbox"/> 4 - Heavy Timber <input type="checkbox"/> 3B - Non-combustible /combustible unprotected <input type="checkbox"/> 3A - Non-combustible/combustible protected <input type="checkbox"/> 2B - Non-combustible/unprotected <input type="checkbox"/> 2A - Non-combustible/protected <input type="checkbox"/> 1B - Non-combustible-protected <input type="checkbox"/> 1A - Non-combustible/protected		
TYPE OF SEWAGE DISPOSAL:		RESIDENTIAL BLDINGS ONLY:	
<input type="checkbox"/> Public	<input type="checkbox"/> Private (septic)	No. of Bedrooms	No. of Baths
TYPE OF WATER SUPPLY:		Tot.No.Rms _____	
<input type="checkbox"/> Public	<input type="checkbox"/> Private (well)	Full/Partial	
BUILDING USE OPTIONS:		Name of Store _____ Sp # _____	
<input type="checkbox"/> Single Use	<input type="checkbox"/> Mixed Use -	<input type="checkbox"/> Non-separated uses	<input type="checkbox"/> Separated uses
		<input type="checkbox"/> Separate buildings	