

BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

Building Department
404 Elm Street, Room 403
Rockford, IL 61101

buildingdept@wincoil.us

Application #:

Check #:

Phone (815) 319-4350

FAX: (815) 319-4351

PROPERTY	Address		Business Name (if applicable)
	Subdivision	Lot #	
PROPERTY OWNER	Name	Phone #	Fax #
	Address	City / State	Zip Code
ARCHITECT / ENGINEER	Name	Phone #	Fax #
	Address	City / State	Zip Code
GENERAL CONTRACTOR	Name/Business	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
PLUMBING CONTRACTOR Contractor License #	Name	Phone #	Fax #
	Address	City / State	Zip Code
# 055 - _____			
ROOFING CONTRACTOR License #	Name	Phone #	Fax #
	Address	City / State	Zip Code
# 104 - _____			
FIREPLACE CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
LOW VOLTAGE CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code

DESCRIPTION OF WORK:

**** CONTINUE TO BACK SIDE ****

I, the applicant, certify that information on this application is true, complete, and correct. If a permit is issued, all work done and all materials used shall be in conformance with the approved plans and specifications and in compliance with the requirements of the Winnebago County Building Code and other applicable statutes and ordinances that require building construction or use.

Signature:	Date:	Phone #:
Printed Name:	E-Mail:	

For E-mail & Fax Applicants Only		
Name on Card:	Credit Card Number:	
Authorization:	Credit Card Type:	Expiration Date:
By authorizing payment, you agree to the terms of transactions listed below		

Debit Card Fees
Credit Card / E-Check Fees

\$2.00 per transaction
\$2.00 or 3% whichever is greater

Visa / MasterCard
Visa / MasterCard / Discover
American Express Electronic Checks

BUILDING INFORMATION / STRUCTURAL (S)

TYPE OF WORK

<input type="checkbox"/> Additions / Alterations / Conversions (circle one) New Home / Duplex _____ SF
<input type="checkbox"/> Basement _____ SF <input type="checkbox"/> Egress Window (circle one): New Existing
<input type="checkbox"/> Deck _____ SF <input type="checkbox"/> Porch _____ SF

Garage

<input type="checkbox"/> Attached _____ SF <input type="checkbox"/> Detached _____ SF
<input type="checkbox"/> Demolition of _____ <input type="checkbox"/> Building _____ SF <input type="checkbox"/> Storage Building _____ SF <input type="checkbox"/> Shell _____ SF

<input type="checkbox"/> Foundation ONLY _____ SF <input type="checkbox"/> Pool _____ FT Contractor Change _____ Move: _____ Other: _____ Extra Inspection (circle needed): S M E P
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Roofing

<input type="checkbox"/> Reroof <input type="checkbox"/> Tear-Off & Reroof

Sign

<input type="checkbox"/> Illuminated _____ SF <input type="checkbox"/> NON-Illuminated _____ SF
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BUILDING HEIGHT AREA:

<input type="checkbox"/> Max. Height Above Grade: _____ FT <input type="checkbox"/> Stories Above Grade: _____ <input type="checkbox"/> Max. Area per Floor: _____ SF <input type="checkbox"/> Total Floor Area: _____ SF
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Floor _____ Through _____ Use _____ I _____ SF Floor _____ Through _____ Use _____ I _____ SF Floor _____ Through _____ Use _____ I _____ SF # Units: _____ Multifamily, Condo / Townhouse

Construction cost less Mechanical (M), Electrical (E), Plumbing (P), & description of work:

SUPPRESSION SYSTEM:

<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

BUILDING CONSTRUCTION TYPE:

<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

RESIDENTIAL BUILDINGS ONLY:

<input type="checkbox"/> Total # Rooms _____ <input type="checkbox"/> # of Bedrooms _____ <input type="checkbox"/> # of Bathroom _____ <input type="checkbox"/> Full _____ Partial _____

MECHANICAL (M)

Qty	Item
Heating	
<input type="checkbox"/>	0 - 200,000 BTU
<input type="checkbox"/>	200,001 - 500,000 BTU
<input type="checkbox"/>	500,001 - 1,500,000 BTU
<input type="checkbox"/>	1,500,001 - 3,000,000 BTU
<input type="checkbox"/>	3,000,001 - 4,000,000 BTU
<input type="checkbox"/>	4,000,001 - Over
<input type="checkbox"/>	Radiant Heat
Air Conditioning	
<input type="checkbox"/>	0 - 36,000 BTU
<input type="checkbox"/>	36,001 - 60,000 BTU
Exhaust, Make-UP Air, & Bath Fans	
<input type="checkbox"/>	0 - 2,000 CFM
<input type="checkbox"/>	2,001 - 6,000 CFM
<input type="checkbox"/>	6,001 - 10,000 CFM
<input type="checkbox"/>	Over 10,000 CFM # of CFM _____
Refrigeration	
<input type="checkbox"/>	Class A per Unit
<input type="checkbox"/>	Each Additional Unit
<input type="checkbox"/>	Class B per Unit
<input type="checkbox"/>	Each Additional Unit
General	
<input type="checkbox"/>	Factory Built Fireplace (Prefab)
<input type="checkbox"/>	Masonry Fireplace
<input type="checkbox"/>	Gas Line / each
<input type="checkbox"/>	Gas Openings
<input type="checkbox"/>	Duct Work Only
<input type="checkbox"/>	Other: _____

ELECTRICAL (E)

Qty	Item
<input type="checkbox"/>	Electrical Reconnect
Services 100 AMP	
<input type="checkbox"/>	200 AMP
<input type="checkbox"/>	201 - 300 AMP
<input type="checkbox"/>	301 - 400 AMP
<input type="checkbox"/>	401 - 500 AMP
<input type="checkbox"/>	601 - 700 AMP
<input type="checkbox"/>	701 - 800 AMP
<input type="checkbox"/>	801 - 900 AMP
<input type="checkbox"/>	901 - 1,000 AMP
<input type="checkbox"/>	1,001 - 1,100 AMP
<input type="checkbox"/>	1,1001 - 1,200 AMP
<input type="checkbox"/>	Misc. Wiring / Code Repairs
<input type="checkbox"/>	Panels
<input type="checkbox"/>	Circuits
<input type="checkbox"/>	Transformers
<input type="checkbox"/>	Disconnects
<input type="checkbox"/>	Baseboard heat

Alarm Systems/Low Voltage

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial, Industrial, Other <input type="checkbox"/> Additional Units

TYPE OF SEWAGE DISPOSAL

<input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
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TYPE OF WATER SUPPLY

<input type="checkbox"/> Public <input type="checkbox"/> Private (Well)
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PLUMBING (P)

Qty	Item
<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Water Softener
<input type="checkbox"/>	Floor Drain
<input type="checkbox"/>	Toilet(s)
<input type="checkbox"/>	Bathtub(s) / Shower(s)
<input type="checkbox"/>	Sink(s)
<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Laundry Sink
<input type="checkbox"/>	Laundry Box
<input type="checkbox"/>	Water Service
<input type="checkbox"/>	Sewer Service
<input type="checkbox"/>	RPZ / Backflow Preventor
<input type="checkbox"/>	Sewage Ejector
<input type="checkbox"/>	Other: _____
= TOTAL # OF OPENINGS	

Sprinklers

<input type="checkbox"/> Number of Heads
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