

# BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

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

Application: \_\_\_\_\_  
Check # \_\_\_\_\_  
Phone (815) 319-4350 \_\_\_\_\_  
Fax: (815) 319-4351 \_\_\_\_\_

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

**BUILDING INFORMATION**

<b>TYPE OF WORK</b>				<b>USE GROUP:</b>
<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"/> 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	Other: _____		
<input type="checkbox"/> Other				

Construction cost less elect,plumb,hvac & description of work:  
\_\_\_\_\_

<b>SUPPRESSION SYSTEM:</b>	<b>BUILDING HEIGHT AREA:</b>	<b>TYPE OF HEAT</b>	
<input type="checkbox"/> NFPA-13	Max. Height Above Grade _____	Oil ___ Gas ___	<input type="checkbox"/> Vacant <input type="checkbox"/> A-1 Assembly, theaters <input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants <input type="checkbox"/> A-3 Assembly, rec centers, religious buildings <input type="checkbox"/> A-4 Assembly, indoor sporting facilities <input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events <input type="checkbox"/> B Business <input type="checkbox"/> E Educational <input type="checkbox"/> F-1 Factory and industrial, moderate hazard <input type="checkbox"/> F-2 Factory and industrial, low hazard <input type="checkbox"/> H-1 High hazard, detonation hazards <input type="checkbox"/> H-2 High hazard, deflagration hazards <input type="checkbox"/> H-3 High hazard, physical hazards <input type="checkbox"/> H-4 High hazard, health hazards <input type="checkbox"/> H-5 Hazardous production materials <input type="checkbox"/> I-1 Institutional, supervised residential care <input type="checkbox"/> I-2 Institutional, incapacitated, hospital nursing hom <input type="checkbox"/> I-3 Institutional, restrained, prisons <input type="checkbox"/> M Mercantile <input type="checkbox"/> Mall Name of Store _____ Sp # _____
<input type="checkbox"/> NFPA-13R	Stories Above Grade _____	Elec ___ Hot Wtr ___	
<input type="checkbox"/> NFPA-13D	Max. Area per Floor _____ SF	Other _____	
<input type="checkbox"/> Limited Area	Total Floor Area: _____ SF	A/C Yes ___ No ___	
<input type="checkbox"/> Range Hood	Flr Thru Use _____ SF		
<input type="checkbox"/> None	Flr Thru Use _____ SF		
<input type="checkbox"/> Partial	Flr Thru Use _____ SF		
<input type="checkbox"/> Complete	# Units: _____ Multifamily, condo/townhouse		

<b>ALARM SYSTEM:</b>	<b>BUILDING CONSTRUCTION TYPE:</b>	
<input type="checkbox"/> Manual	<input type="checkbox"/> 5B - Combustible/Unprotected	<input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses <input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority <input type="checkbox"/> R-3 Residential, 1 & 2 family, townhouses/condos <input type="checkbox"/> R-4 Assisted living (6-16 occ.) <input type="checkbox"/> S-1 Storage, moderate hazard <input type="checkbox"/> S-2 Storage, low hazard <input type="checkbox"/> Utility, miscellaneous, garages, fences, sheds <input type="checkbox"/> Mixed Uses
<input type="checkbox"/> Automatic Detection	<input type="checkbox"/> 5A - Combustible/protected	
<input type="checkbox"/> Partial	<input type="checkbox"/> 4 - Heavy Timber	
<input type="checkbox"/> Complete	<input type="checkbox"/> 3B - Non-combustible /combustible unprotected	
<input type="checkbox"/> None	<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	
<b>TYPE OF SEWAGE DISPOSAL:</b>	<b>RESIDENTIAL BUILDINGS ONLY:</b>	
<input type="checkbox"/> Public	No. of Bedrooms _____ No. of Baths _____	<input type="checkbox"/> Single Use <input type="checkbox"/> Non-separated uses
<input type="checkbox"/> Private (septic)	Tot.No.Rms _____	<input type="checkbox"/> Mixed Use - <input type="checkbox"/> Separated uses
<b>TYPE OF WATER SUPPLY:</b>	Full/Partial _____	<input type="checkbox"/> Separate buildings
<input type="checkbox"/> Public		
<input type="checkbox"/> Private (well)		

<b>ROOFING CONTRACTOR</b>	Name <input style="width: 80%;" type="text"/>	Phone <input style="width: 80%;" type="text"/>	Fax <input style="width: 80%;" type="text"/>
	Address <input style="width: 80%;" type="text"/>	City/State <input style="width: 60%;" type="text"/>	Zip Code <input style="width: 60%;" type="text"/>

<b>FIREPLACE CONTRACTOR</b>	Name <input style="width: 80%;" type="text"/>	Phone <input style="width: 80%;" type="text"/>	Fax <input style="width: 80%;" type="text"/>
	Address <input style="width: 80%;" type="text"/>	City/State <input style="width: 60%;" type="text"/>	Zip Code <input style="width: 60%;" type="text"/>

<b>LOW VOLTAGE CONTRACTOR</b>	Name <input style="width: 80%;" type="text"/>	Phone <input style="width: 80%;" type="text"/>	Fax <input style="width: 80%;" type="text"/>
	Address <input style="width: 80%;" type="text"/>	City/State <input style="width: 60%;" type="text"/>	Zip Code <input style="width: 60%;" type="text"/>

Please Check  
 
**MECHANICAL**     
 
**ELECTRICAL**     
 
**PLUMBING**     
 
**IMPACT FEES**

<b>DESCRIPTION OF WORK</b>	<input style="width: 98%; height: 15px;" type="text"/>
	<input style="width: 98%; height: 15px;" type="text"/>

MECHANICAL	
Qty	Item
	<b>Heating</b>
	0-200,000 BTU
	200,001-500,000 BTU
	500,001-1,500,000BTU
	1,500,001-3,000,000 BTU
	3,000,001-4,000,000 BTU
	4,000,001-Over
	Radiant Heat
	<b>Air Conditioning</b>
	0 - 36,000 BTU
	36,001 - 60,000 BTU
	<b>Exhaust, Make-Up Air, &amp; Bath Fans</b>
	0 - 2,000 CFM
	2,001 - 6,000 CFM
	6,001 - 10,000 CFM
	Plus \$1.00 for ea 10,000 CFM over 10,000
	<b>Refrigeration</b>
	Class A per Unit
	Each additional Unit
	Class B per Unit
	Each additional Unit
	<b>General</b>
	Factory built fireplace
	Prefab fireplace 1st Flr
	Prefab fireplace 2nd Flr
	Masonry fireplace
	Gas line/ea
	Gas openings
	Duct Work Only
	Extra inspection (on job w/permit)
	Other

ELECTRICAL	
Qty	Item
	Services 1-200AMP
	201 - 300 AMP
	301 - 400 AMP
	401 - 500 AMP
	501 - 600 AMP
	601 - 700 AMP
	701 - 800 AMP
	801 -900 AMP
	901 - 1,000 AMP
	1,001 - 1,100 AMP
	1,101 - 1,200 AMP
	Misc wiring / Code Repairs
	Panels/Disconnects/ transformers, etc.
	Circuits
	Baseboard heat
	Extra Inspection (on job w/permit)
	Other

Alarm Systems/Low Voltage	
	Residential
	Comm, Indust, Other
	Additional Units

PLUMBING	
Qty	Item
	Total Plumbing & Future Openings
	Replacement Water Heater or Softner
	Sewer and/or Water Only
	RPZ or Backflow Preventor
	Extra inspection (on job w/permit)

Sprinklers	
	Number of Heads

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: \_\_\_\_\_

<b>Signature:</b> _____	<b>Date:</b> _____
<b>Printed Name:</b> _____	<b>Phone #</b> _____