

CITY OF ROCKFORD BUILDING PERMIT

Permit No. _____

Date _____

CONTRACTOR'S LICENSE NO.		1. DATE	
2. SITE ADDRESS			
3. LEGAL DESCRIPTION PROPERTY I.D. NO. SECTION _____ LOT _____ BLOCK _____ ADDITION _____ PLAT NUMBER _____ PARCEL NUMBER _____			
4. OWNER (Name)		(Address) (Tel. No.)	
5. ARCHITECT (Name)		(Address) (Tel. No.)	
6. BUILDER (Name)		(Address) (Tel. No.)	
7. TYPE OF WORK Fireplace <input type="checkbox"/> Septic <input type="checkbox"/> Heating <input type="checkbox"/> Plumbing <input type="checkbox"/> Reroofing <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Residing <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Chimney <input type="checkbox"/> Misc. _____			
8. SIZE OF STRUCTURE (Height) (Width) (Depth)		9. NO. OF STORIES	
11. COMPLETION DATE		10. ESTIMATED VALUE	
12. PROPERTY DIMENSION Width Depth		13. NO. OF FAMILIES (if applicable)	
14. PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV.		15. PROPERTY AREA OR ACRES Sq. Ft.	
16. CULVERT SIZE Yes No		17. FRONT YARD set back from road property Ft.	
18. REAR YARD set back Ft.		19. SIDE YARDS set back _____ Right Sd. _____ Left Sd.	
20. FLOOR AREA APPORTIONMENT USE AREA _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. AGGREGATE FLOOR AREA _____ Sq. Ft.			
SPECIAL CONDITIONS <u>It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense.</u>			

FEES	
PERMIT FEE	_____
PLAN CHECK FEE	_____
PENALTY FEE	_____
ENGINEERING FEE	_____
SITE FEE	_____
DRIVEWAY FEE	_____
CULVERT \$	_____
FIREPLACE _____ /SC _____	
PLUMBING FEE _____ /SC _____	
SEPTIC FEE	_____
MECHANICAL FEE _____ /SC _____	
WATER METER FEE	_____
WATER FEE	_____
SEWER FEE	_____
SURCHARGE FEE	_____
ADMIN. FEE	_____
OTHERS	_____
CONTRACTORS LICENSE	_____
TOTAL FEE	_____

CODE ANALYSIS	
TYPE OF CONST.	_____
USE OF BLDG.	_____
OCCUPANCY GROUP	_____
OCCUPANCY LOAD	_____

ZONING DISTRICT

VARIANCE GRANTED, DATE

OFF STREET PARKING	
SPACES REQ.	_____
SPACES ON PLAN	_____

MATERIAL FILED W/APPLICATION	
SOILS REPORT	<input type="checkbox"/> Borings
	<input type="checkbox"/> Percolation
	<input type="checkbox"/> Compaction tests
PLANS AND SPECS. <input type="checkbox"/>	Sets _____
SURVEY <input type="checkbox"/>	Copies _____
ENERGY CALCULATIONS <input type="checkbox"/>	
PILING LOGS <input type="checkbox"/>	

FIRE SPRINKLERS REQUIRED	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL APPROVALS	
ZONINGS	_____
FIRE DEPT.	_____
HEALTH DEPT.	_____
PUBLIC WORKS	_____
COUNTY	_____
OTHER	_____

CERTIFICATE OF OCCUPANCY ISSUED	
DATE	BY _____

ACKNOWLEDGMENT AND SIGNATURE:

The undersigned hereby agrees that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications therefor herewith submitted and with all the ordinances of said City _____ applicable thereto.

SIGNATURE OF APPLICANT

APPROVED BY BUILDING INSPECTOR