



Permit Application
Addition/Remodel
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2933
 Email: Inspection@rigov.org

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$
Plan Review No.	Plan Review Fee
	\$
Total	\$
Zoning Authorization Signature and Date:	
X _____	
Date of Authorization: _____	
Building Official Authorization Signature and Date:	
X _____	
Date of Authorization: _____	

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Description of Work Proposed: _____

Section 2 VALUATION

General Construction \$ _____ Sprinkler \$ _____ Electrical \$ _____
 Mechanical \$ _____ Plumbing \$ _____
 Add all valuation details to calculate Total Cost = \$ _____

Electrical, Mechanical, and Plumbing fees are included in total valuation. Individual trade permits must be applied for separately.

Section 3 SUBCONTRACTORS

Concrete/Flatwork: _____ Plumbing: _____

Electrical: _____ Mechanical: _____

Fire Sprinkler: _____ Other: _____

Section 4 CONSTRUCTION DETAILS Storm Water approval may be required prior to permit release when soil is disturbed. 309-732-2275

Property Setbacks: # Stories: _____ # Bedrooms: _____ # Windows: _____ U-Factor _____

Front: _____ Rear: _____ # Full Bath: _____ # 1/2 Bathroom _____ # Doors: _____ U-Factor _____

Left: _____ Right: _____ Siding Squares _____

Factory stickers must remain on windows & doors for final inspection to verify energy compliance.
MAXIMUM U-FACTOR .32 for Windows.
 Doors vary per code.

Section 5 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: X _____ Date: _____