



Permit Application
Mechanical
 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
	\$
Building Official Authorization Signature and Date:	
x _____	
Date of Authorization: _____	

Mechanical permits for rental, commercial or any other non-owner occupied properties must be submitted by a Illinois Licensed and City of Rock Island Registered Mechanical Contractor.

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____

Owner Phone: _____

Description of Work Proposed: _____

Section 2 VALUATION

Estimated Total Cost (required):

\$ _____

Section 3 MECHANICAL DETAILS

QTY	FIXTURE	BTU's	QTY	FIXTURE
	Other:			Other:
	Forced Air Furnace			Cooling Tower
	Air Conditioning/Air Cooling			Process Piping
	Roof Top Unit			Gas Fireplace
	Duct Work			Chimney Liner
	Unit Heater			Ventilation System
	Humidifier			
	Exhaust System			
	Hot Water/Boiler			
	Steam/Boiler			

Section 4 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/Contractor: _____

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:** _____