



Permit Application
Utility Turn-On
 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: _____	

Section 1 PROJECT INFORMATION

- 1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____

All work shall be permitted, comply with the adopted codes of the City, meet the requirements of the Mid American Energy Company's Service Manual, and be subject to inspection. All work shall be performed by appropriately licensed and registered contractors. All properties shall comply with the code requirements of their declared occupancy or be under renovation with an approved plan for compliance prior to any utilities being turned on.

Section 2 PROJECT DETAILS (CHECK APPLICABLE)

- [] GAS**
- All flue vents from appliances must be sound, connected and not rusted.
 - All gas valves must be in OFF position
 - All gas lines must be valved and capped if not in use.
 - All gas lines must be pressure tested to 10 pounds for 1 hour by a qualified HVAC or Plumbing contractor. Contractor must submit an affidavit verifying test results to the appropriate jurisdiction. After a successful inspection the Jurisdiction will release the turn on to the utility company.
 - Electricity must be operational.

- [] ELECTRIC**
- Proper GFCI protection. 210.8 2020 NEC
 - Ground rods and water meter bonding jumper are required. 250 . 2020 NEC
 - Hardwired or battery smoke and carbon monoxide detectors required. IPMC 2021
 - Integrity of electrical panel must be in a good condition. 110.12 . 2020NEC
 - No exposed or improper wiring anywhere in structure. This includes covers and face plates.

Local utility company will not turn on gas/electric unless occupant has registered for billing.
 Please contact MidAmerican Energy Company at (888) 427-5632.

Section 3 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:** _____