



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: _____

Description of Work Proposed: _____

Section 2 PROJECT DETAILS (CHECK APPLICABLE)

[] GAS

1. All flue vents from appliances must be sound, connected and not rusted.
2. All gas valves must be in OFF position
3. All gas lines must be valved and capped if not in use.
4. 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.

[] ELECTRIC

1. Ground Electrical Panel and install water meter bonding jumper. Using #6 AWG Copper for 100amp/ #4 for 200amp panel.
2. Ground rod if installed must be connected properly.
3. Provide GFCI receptacle in bathroom(s) and within 6' of all sinks.
4. Install battery powered smoke detectors and carbon monoxide detectors where required by IPMC, if not already in place.
5. Electrical Panel and all electrical boxes must have covers in place.
6. No exposed or improper wiring anywhere in structure.

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:** _____