



Permit Application
Addition/Remodel
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2930
 Email: Inspection@rigov.org

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$ _____
Plan Review No.	Plan Review Fee
	\$ _____
Zoning Authorization Signature:	
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: _____

Owner Name: _____
Required only if Applicant is contractor or property agent

Owner Phone: _____

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 *StormWater Approval may be required prior to Permit Release when soil is disturbed 732-2200*

Addition Dimensions: _____	# Windows: _____ U-Factor _____	Soffit Replace/Repair? Yes No
Setbacks (Dist from Property Line:):	# Doors: _____ U-Factor _____	Facia Replace/Repair? Yes No
Front: _____ Rear: _____	<i>Factory Stickers <u>must</u> remain on windows & doors for Final Inspection to verify energy compliance.</i>	Basement Finished? Yes No
Left: _____ Right: _____	MAXIMUM U-FACTOR .35 for Windows.	Egress Window? Yes No
Corner Lot? Yes No	<i>Doors vary per code.</i>	# Stories: _____ # Bedrooms: _____
	Siding Only: # of squares _____	# Full Bath: _____ # 1/2 Bathroom _____

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 Type (check one): **Contractor** Applicant/Company Name: _____

(Registered with City of Rock Island) Applicant/Company Address: _____

Property Owner _____
 (Owner of Legal Record)

Authorized Agent Applicant/Company Phone Number: _____
 (Written authorization from legal owner)

Owner or Representative Signature: X _____ Date: _____