



Permit Application
Demolition
 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
	\$
Gas Cut Date	Electric Cut Date
Sewer Cut Date	Water Cut Date
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: _____

Owner Phone: _____

Description of Work Proposed: _____

Section 2 VALUATION

Estimated Total Cost (required)

\$ _____

Section 3 PROJECT DETAILS

Type of Structure: _____ # of Stories: _____ # of Units: _____

Square Feet of Structure: _____

- It is the responsibility of the applicant to arrange for the utilities to be disconnected. Be advised a building permit **will not** be issued until all utility services have been disconnected.
- All demolition sites shall be enclosed by a continuous fence. The fence shall not contain any advertisements. Access openings in such fencing shall be protected by gates that are normally kept closed during the day and secured every night.

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 Name: _____

Applicant Address: _____

Applicant Phone : _____

REQUIRED: It is the contractor/owner responsibility to make arrangements with the Finance Department to have the water meter removed from the structure prior to demolition. (309.732.2000)

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:** _____