

City of Rockford, Illinois

Community & Economic Development Department
Construction and Development Services
425 East State Street, Rockford, IL 61104
Phone: (779) 348-7158 Fax: (815) 967-4243
Web: www.rockfordil.gov



BUILDING DEMOLITION PERMIT APPLICATION
DOCUMENTS REQUIRED FOR FILING

1. This application completed through page 2.
2. Site plan clearly depicting what areas to be demolished, what areas to remain and the end result of the area being demolished.
Demolitions where a portion of the building will remain may require submittal of structural documents by an architect/structural engineer for analysis of the structure. A separate permit will also be required for the completion or finishing work of such a project where portions of a building remain.
3. Copies of notices to adjacent property owners of the impending demolition.

Project Address: _____

Property Code # (P.I.N.): _____

Property Type: Residential (1 or 2 family) Commercial Industrial Multifamily Dwelling Units

Project Name: _____

Owners Name _____ Phone/Fax Nos.: _____ / _____

Owners Address: _____ Zip code: _____

Demolition Contractor: _____ Contact Person: _____

Address: _____ Lic.#: _____ Phone/FaxNos.: _____ / _____

VALUE OF DEMOLITION: \$ _____

General Contractor: _____ Phone/FaxNos.: _____
(when applicable)

Architect/Engineer (structural documents): _____ Phone/FaxNos.: _____ / _____
(when applicable)

Describe work to be done in DETAIL: _____

Existing Use(s): _____

Proposed Use(s): _____

Expected Start Date of Demolition: _____ **Expected Date of Completion:** _____

What will be put in place of demolished structure(s)? _____

Such as top soil & seed, pavement, etc.:

FLOOR AREAS:

Total building area on all floors: _____ sq.ft.

Total floor area to be demolished: _____ sq.ft.

Remaining floor area: _____ sq.ft.

NO. OF BUILDINGS TO BE DEMOLISHED:

Commercial Structures: _____

Residential Structures: _____

Accessory Structures: _____

BUILDING HEIGHT:

Mean height of highest roof from mean grade: _____ feet.

Number of Stories above grade: _____

Basement? YES [] NO []

TOTAL BUILDING DIMENSIONS:

Width: _____ feet. Length: _____ feet.

APPLICANT'S CERTIFICATE

As owner or authorized agent of the project for which this application is being filed, I hereby certify:

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Building Department and;
3. The project, if permit is granted, will comply with all requirements of applicable City Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the released documents [drawings and specifications] and applicable codes and ordinances of the City of Rockford and;
5. Any changes to the released documents will be filed with the City of Rockford Building Department and;
6. Another application will be submitted at such time as the described use may change.
7. No error or omission in either documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto.
8. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations)
9. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as his:
 CONTRACTOR ARCHITECT ENGINEER AGENT/OTHER _____

APPLICANT MUST COMPLETE * ONE * OF THE APPROPRIATE SECTIONS BELOW:

As applicant other than the owner:

As owner:

 (Name of applicant if other than owner) typed or printed

 (Name of Owner) typed or printed

 (Title)

 (Phone #)

 (Phone #)

 (Street Address of applicant other than owner)

 (Street Address of owner)

 (City, State, Zip)

 (City, State, Zip)

X _____
 (Signature of applicant other than owner) (Date)

X _____
 (Signature of owner as applicant) (Date)

CITY OF ROCKFORD

BUILDING DEMOLITION CLEARANCE FORM

(To be completed by Building Department staff)

PERMIT IS SUBJECT TO THE FOLLOWING COMMENTS

Approved By: _____

ZONING CLEARANCE FORM (To be completed by Zoning Staff, Phone: (815) 987-5585)

Property Code No. (P.I.N.): _____ Zoning Clearance No.: _____

SITE PLAN REVIEW:

Zoning District: _____ Zoning File No.: _____ Date Approved: _____

Is there a Special Use Permit? YES [] NO [] ; Were Variations Granted? YES [] NO []

Is Landscaping Required? [] YES [] NO [] Existing Submitted [] Y [] N

Is Exterior Illumination Plan Required? [] YES [] NO [] Existing Submitted [] Y [] N

DO THE FOLLOWING APPLY?

Is property located in the **ENTERPRISE ZONE**? [] YES [] NO

Does **Historic Preservation Ordinance** apply? [] YES [] NO

Is Public Works Department Clearance Required? [] YES [] NO

Zoning Comments: _____

Paving: _____

Landscaping: _____

Zoning Clearance By: _____ Date: _____

FOR OFFICE USE ONLY

Building Permit Number: _____ Demolition Permit Fee: \$ _____

Processing Fee \$ _____

Other Fees \$ _____

Approved By: _____ Tech. Fee 10101000-60228 \$ _____

Date Approved: _____ **TOTAL FEES:** \$ _____

Inv No.: _____ Check No.: _____

**CITY OF ROCKFORD
PUBLIC WORKS DEPARTMENT**

425 East State Street, Rockford, Illinois 61104

Phone: (815) 987-5570

PUBLIC WORKS SITE PLAN CLEARANCE FORM

Address of Site: _____ Date of Submittal: _____

Subdivision: _____ Lot #: _____

Contact Person: _____ Company: _____

Address: _____

Telephone #: _____ No. of Copies Submitted: _____

Water Division Comments: _____

Water Engineer: _____ Date: _____

Traffic Division Comments: _____

Traffic Engineer: _____ Date: _____

ACCESS PERMIT REQUIRED FROM I.D.O.T.? YES _____ NO _____

City Engineer Comments: _____

City Engineer: _____

FOUNDATION ONLY CLEARANCE [] DATE: _____ FULL CLEARANCE [] DATE: _____

Does Flood Hazard Ordinance Apply? _____

Curb Cut Permit Required? YES _____ NO _____ Curb Cut Length: _____

TOTAL FEE: \$ _____ FEE PAID: \$ _____ Date Paid: _____

PUBLIC WORKS DEPARTMENT / CURB CUT ACCOUNT

(1010-61407)