

## 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



### CONTRACTOR'S APPLICATION FOR ELECTRICAL PERMIT Applicant to complete sections I-V

App. #:

|   |     |   |                                  |
|---|-----|---|----------------------------------|
| <b>I. Project &amp; Owner Information</b>   |     |   |                                  |
| Project Address   |     | Zip   |                                  |
| Subdivision (if applicable)   |     | Lot # (if applicable)   |                                  |
| <b>Type of Property:</b> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family (3+ Units) <input type="checkbox"/> Commercial/Industrial              |     |   |                                  |
| Project Name  |     |   |                                  |
| Owner's Name  |     | Phone   | Fax/Email                        |
| Owner's Address   |     | City  | State      Zip                   |
| <b>II. Contractor Information (City of Rockford registration required)</b>  |     |   |                                  |
| Company   |     | Contact Person  |                                  |
| Address   |     | City  | State      Zip                   |
| Phone   | Fax | <b>Registration #:</b>  |                                  |
| ▶ <b>If you prefer to receive your permit via fax or email, please provide that information here. If you do not provide a fax number or email address, you will receive your permit via post office mail.</b> |     |   |                                  |
| <input type="checkbox"/> <b>Fax</b> / <input type="checkbox"/> <b>Email:</b>  |     |   |                                  |
| <b>III. Is there a General Contractor on the Job?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, this is a stand-alone project.  |     |   |                                  |
| <b>IV. Description of Work</b>  |     |   |                                  |
| <b>SERVICE</b> <input type="checkbox"/> Replace <input type="checkbox"/> New <input type="checkbox"/> Temporary<br><br>_____ Amps<br><i>A.S.C.C. form required for Multi Family and Commercial Jobs</i>       |     | <b>MISCELLANEOUS</b><br><br><input type="checkbox"/> Minimum Standards<br><br><input type="checkbox"/> Miscellaneous Wiring<br><br><input type="checkbox"/> Order to Repair |                                  |
| <b>FIRE ALARM</b> <input type="checkbox"/> Replace <input type="checkbox"/> New <input type="checkbox"/> Alter/Addition   |     |   |                                  |
| <b>OTHER</b>  |     |   |                                  |
| <b>Description of Work:</b><br><br><br>   |     |   |                                  |
| <b>V. Construction Valuation</b>  |     |   |                                  |
| <b>Total Cost of Project</b> \$ _____<br>(which includes: Labor, Materials, Equipment, Overhead & Profit)   |     | Expected Start Date: _____  | Expected Completion Date: _____  |
| Requested Inspection Date: _____<br>(please give 24 Hr. Notice)   |     | Time Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM  | Lock Box #(if applicable): _____ |
| <b>Applicant's Signature</b> X  |     | <b>Date</b>   |                                  |