

**City of Rockford, Illinois**

Community & Economic Development Department  
 Construction and Development Services  
 425 East State Street, Rockford, IL 61104  
 Phone: (815) 987-5550 Fax: (815) 967-4243 TDD (815) 987-5718  
 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	Registration #:	
▶ <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  _____ Amps <i>A.S.C.C. form required for Multi Family and Commercial Jobs</i>		<b>MISCELLANEOUS</b>  <input type="checkbox"/> Minimum Standards  <input type="checkbox"/> Miscellaneous Wiring  <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>			
Description of Work:			
<b>V. Construction Valuation</b>			
<b>Total Cost of Project</b> \$ _____ (which includes: Labor, Materials, Equipment, Overhead & Profit)		Expected Start Date:	Expected Completion Date:
Requested Inspection Date: _____ (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>	