

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 PLUMBING PERMIT

(★ indicates required field)

Applicant to complete sections I-V

App. #:

I. Project & Owner Information					
★ Project Address				Zip	
Subdivision (if applicable)			Lot # (if applicable)		
Type of Property: <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
II. Contractor Information (Illinois Plumbing License & Illinois Plumbing Contractor Registration required)					
Company			Contact Person		
Address			City		State Zip
Phone		Fax	★ Plbg. Lic#:		Cont. Reg#:
► 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.					
<input type="checkbox"/> Fax / <input type="checkbox"/> Email:					
★ III. Is there a General Contractor on the Job? <input type="checkbox"/> Yes <input type="checkbox"/> No, this is a stand-alone project					
★ IV. Description of Work (if additional work use 'other' space provided below)					
<input type="checkbox"/> Water Heater #		Size: _____ gal.		<input type="checkbox"/> Water Heater-Instantaneous #	
<input type="checkbox"/> Gas # BTU:		<input type="checkbox"/> Electric # KW:			
<input type="checkbox"/> Tub/Shower Combo	#	<input type="checkbox"/> Washer Box	#	<input type="checkbox"/> 3 Comp. Sink	#
<input type="checkbox"/> Bath Tub	#	<input type="checkbox"/> Laundry Tub	#	<input type="checkbox"/> Hand Sink	#
<input type="checkbox"/> Shower	#	<input type="checkbox"/> Hose Bibb	#	<input type="checkbox"/> Prep Sink	#
<input type="checkbox"/> Whirlpool	#	<input type="checkbox"/> Garbage Disposal	#	<input type="checkbox"/> Drinking Fountain	#
<input type="checkbox"/> Water Closet	#	<input type="checkbox"/> Dishwasher	#	<input type="checkbox"/> Mop Sink	#
<input type="checkbox"/> Urinal	#	<input type="checkbox"/> Kitchen Sink	#	<input type="checkbox"/> Floor Drains	#
<input type="checkbox"/> Lavatory	#	<input type="checkbox"/> Backflow/RPZ #	Size:	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water
<input type="checkbox"/> Water Supply Fixture Units	#	<input type="checkbox"/> Water Softener #	<input type="checkbox"/> Grease Trap # Size:		
Other:					
V. Construction Valuation					
★ Total Cost of Project \$ _____		★ Expected Start Date:		Expected Completion Date:	
(which includes: Labor, Materials, Equipment, Overhead & Profit)		(please give 24 Hr. Notice)			
Requested Inspection Date: (please give 24 Hr. Notice)		Time Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM		Lock Box #(if applicable):	
Applicant's Signature X			Date		