

**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



**SIDING PERMIT APPLICATION**

App. #:

<b>Location &amp; Owner Information</b>			
Project Address		P.I.N.	
<b>Type of Property:</b> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Fam. (3+ Units) <input type="checkbox"/> Commercial/Industrial			
Company / Business Name (if commercial)			
Owner's Name		Phone	Fax/Email
Owner's Address		City	State      Zip
<b>Siding Contractor</b>			
Company		Contact Person	
Address		City	State      Zip
Phone	Fax	Email	
<b>Description of Work</b>			
<input type="checkbox"/> Install New Siding Over Existing Siding/Materials <input type="checkbox"/> Remove Existing Siding and Install New Siding <input type="checkbox"/> Repair/Replace Portions of Existing Siding <input type="checkbox"/> Other:		<b>Location of Work:</b> (i.e. house, garage, etc.)	
		<b>Type of Siding:</b> (i.e. vinyl, aluminum, etc.)	
<b>Total Cost of Project</b> (Labor, Materials, Overhead & Profit):      \$		<b>Expected Start Date:</b>	<b>Expected Completion Date:</b>
As Owner or the Owner's authorized agent of the property for which this application is being filed, I hereby certify: <ol style="list-style-type: none"> <li>1. The description of work and information contained on this application is correct and;</li> <li>2. The project will comply with all conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and;</li> <li>3. 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/her behalf. I will be acting on behalf of the owner as his/her agent.</li> </ol>			
<b>Signature X</b>		<b>Date:</b>	

▼ THIS SECTION TO BE COMPLETED BY CITY STAFF ▼

Permit #: _____	Permit Fee (1010-1000-60221)      \$ _____
Approved By: _____	Tech Fee (1010-1000-60228)      \$ _____
Approval Date: _____	Total Fees:      \$ _____
	[Invoice No.: _____ ]