

**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



**MECHANICAL PERMIT APPLICATION**

(★ indicates required field)

Applicant to complete sections I-V

App. #:

<b>I. Project &amp; Owner Information</b>			
★ Project Address		Zip	
Type of Property: <input type="checkbox"/> One & 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 License Required)</b> <i>State license required for Hood Fire Suppression only</i>			
★ Company		Contact Person	
Address		City	State Zip
★ Phone	Fax	★ License #:	
<p>▶ <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></p> <p><input type="checkbox"/> Fax / <input type="checkbox"/> Email:</p>			
★ 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 multiple units, list additional in 'Other/Notes' section below)			
<b>FORCED AIR</b> <input type="checkbox"/> Replace <input type="checkbox"/> New _____% Efficiency _____ BTU <input type="checkbox"/> Weatherization - Work Order # _____		<b>MISC.</b> (check all that apply) <input type="checkbox"/> Ductwork <input type="checkbox"/> Chimney Liner <input type="checkbox"/> Fireplace (specify type): <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Hood Fire Suppression _____# Nozzles <input type="checkbox"/> Exhaust _____cfm <input type="checkbox"/> Make-up _____cfm <input type="checkbox"/> Refrigeration (list equip): _____ <input type="checkbox"/> Gas Piping _____ Total BTU	
<b>AC</b> <input type="checkbox"/> Replace <input type="checkbox"/> New _____Ton _____SEER			
<b>BOILER</b> <input type="checkbox"/> Replace <input type="checkbox"/> New _____BTU			
<b>RTU</b> <input type="checkbox"/> Replace <input type="checkbox"/> New _____Ton _____BTU			
Other/Notes:			
<b>V. Construction Valuation</b>			
★ Total Cost of Project \$ _____ (which includes: Labor, Materials, Equipment, Overhead & Profit)		★ Expected Start Date: _____ Expected Completion Date: _____	
Requested Inspection Date: _____		Time Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM Lock Box #(if applicable): _____	
Applicant's Signature X		Date	