

BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

Building Department
404 Elm Street, Room 403
Rockford, IL 61101

buildingdept@wincoil.us

Application #:

Check #:

Phone (815) 319-4350

FAX: (815) 319-4351

PROPERTY	Address		Business Name (if applicable)
	Subdivision	Lot #	
PROPERTY OWNER	Name	Phone #	Fax #
	Address	City / State	Zip Code
ARCHITECT / ENGINEER	Name	Phone #	Fax #
	Address	City / State	Zip Code
GENERAL CONTRACTOR	Name/Business	Phone #	Fax #
	Address	City / State	Zip Code
ELECTRICAL CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
HEATING & COOLING CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
PLUMBING CONTRACTOR Contractor License #	Name	Phone #	Fax #
	Address	City / State	Zip Code
# 055 - _____			
ROOFING CONTRACTOR License #	Name	Phone #	Fax #
	Address	City / State	Zip Code
# 104 - _____			
FIREPLACE CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code
LOW VOLTAGE CONTRACTOR	Name	Phone #	Fax #
	Address	City / State	Zip Code

DESCRIPTION OF WORK:

**** CONTINUE TO BACK SIDE ****

I, the applicant, certify that information on this application is true, complete, and correct. If a permit is issued, all work done and all materials used shall be in conformance with the approved plans and specifications and in compliance with the requirements of the Winnebago County Building Code and other applicable statutes and ordinances that require building construction or use.

Signature:	Date:	Phone #:
Printed Name:	E-Mail:	

For E-mail & Fax Applicants Only		
Name on Card:	Credit Card Number:	
Authorization:	Credit Card Type:	Expiration Date:
By authorizing payment, you agree to the terms of transactions listed below		

Debit Card Fees
Credit Card / E-Check Fees

\$2.00 per transaction
\$2.00 or 3% whichever is greater

Visa / MasterCard
Visa / MasterCard / Discover
American Express Electronic Checks

BUILDING INFORMATION / STRUCTURAL (S)

TYPE OF WORK

Additions / Alterations / Conversions (circle one) New Home / Duplex _____ SF
Basement _____ SF Egress Window (circle one): New Existing
Deck _____ SF Porch _____ SF

Garage

Attached _____ SF Detached _____ SF Demolition of _____ Building _____ SF Storage Building _____ SF Shell _____ SF

Foundation ONLY _____ SF Pool _____ FT Contractor Change _____ Move: _____ Other: _____ Extra Inspection (circle needed): S M E P
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Roofing

<input type="checkbox"/> Reroof <input type="checkbox"/> Tear-Off & Reroof

Sign

<input type="checkbox"/> Illuminated _____ SF <input type="checkbox"/> NON-Illuminated _____ SF
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BUILDING HEIGHT AREA:

Max. Height Above Grade: _____ FT Stories Above Grade: _____ Max. Area per Floor: _____ SF Total Floor Area: _____ SF
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Floor _____ Through _____ Use _____ I _____ SF Floor _____ Through _____ Use _____ I _____ SF Floor _____ Through _____ Use _____ I _____ SF # Units: _____ Multifamily, Condo / Townhouse

Construction cost less Mechanical (M), Electrical (E), Plumbing (P), & description of work:

SUPPRESSION SYSTEM:

<input type="checkbox"/> NFPA-13
<input type="checkbox"/> NFPA-13R
<input type="checkbox"/> NFPA-13D
<input type="checkbox"/> Limited Area
<input type="checkbox"/> Range Hood
<input type="checkbox"/> None
<input type="checkbox"/> Partial
<input type="checkbox"/> Complete

BUILDING CONSTRUCTION TYPE:

<input type="checkbox"/> 5B - Combustible/Unprotected
<input type="checkbox"/> 5A - Combustible/protected
<input type="checkbox"/> 4 - Heavy Timber
<input type="checkbox"/> 3B - Non-combustible / combustible unprotected
<input type="checkbox"/> 3A - Non-combustible / combustible protected
<input type="checkbox"/> 2B - Non-combustible / unprotected
<input type="checkbox"/> 2A - Non-combustible / protected
<input type="checkbox"/> 1B - Non-combustible-protected
<input type="checkbox"/> 1A - Non-combustible / protected

RESIDENTIAL BUILDINGS ONLY:

Total # Rooms _____
of Bedrooms _____
of Bathroom _____
Full _____ Partial _____

MECHANICAL (M)

Qty	Item
Heating	
	0 - 200,000 BTU
	200,001 - 500,000 BTU
	500,001 - 1,500,000 BTU
	1,500,001 - 3,000,000 BTU
	3,000,001 - 4,000,000 BTU
	4,000,001 - Over
	Radiant Heat
Air Conditioning	
	0 - 36,000 BTU
	36,001 - 60,000 BTU
Exhaust, Make-UP Air, & Bath Fans	
	0 - 2,000 CFM
	2,001 - 6,000 CFM
	6,001 - 10,000 CFM
	Over 10,000 CFM # of CFM _____
Refrigeration	
	Class A per Unit
	Each Additional Unit
	Class B per Unit
	Each Additional Unit
General	
	Factory Built Fireplace (Prefab)
	Masonry Fireplace
	Gas Line / each
	Gas Openings
	Duct Work Only
	Other: _____

ELECTRICAL (E)

Qty	Item
	Electrical Reconnect
Services 100 AMP	
	200 AMP
	201 - 300 AMP
	301 - 400 AMP
	401 - 500 AMP
	601 - 700 AMP
	701 - 800 AMP
	801 - 900 AMP
	901 - 1,000 AMP
	1,001 - 1,100 AMP
	1,1001 - 1,200 AMP
	Misc. Wiring / Code Repairs
	Panels
	Circuits
	Transformers
	Disconnects
	Baseboard heat

Alarm Systems/Low Voltage

<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial, Industrial, Other
<input type="checkbox"/> Additional Units

TYPE OF SEWAGE DISPOSAL

<input type="checkbox"/> Public
<input type="checkbox"/> Private (Septic)

TYPE OF WATER SUPPLY

<input type="checkbox"/> Public
<input type="checkbox"/> Private (Well)

PLUMBING (P)

Qty	Item
	Water Heater
	Water Softener
	Floor Drain
	Toilet(s)
	Bathtub(s) / Shower(s)
	Sink(s)
	Dishwasher
	Laundry Sink
	Laundry Box
	Water Service
	Sewer Service
	RPZ / Backflow Preventor
	Sewage Ejector
	Other: _____
= TOTAL # OF OPENINGS	

Sprinklers

Number of Heads _____
