

# - WINNEBAGO COUNTY - BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

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

[buildingdept@wincoil.us](mailto:buildingdept@wincoil.us)

Application #:

Check #:

Phone (815) 319-4350

FAX: (815) 319-4351

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

<b>Signature:</b> _____	<b>Date:</b> _____	<b>Phone #</b> _____
<b>Printed Name:</b> _____	<b>E-Mail:</b> _____	

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

Debit Card Fees  
\$2.00 per transaction

Credit Card Fees  
\$2.00 or 3% whichever is greater

Visa / MasterCard  
American Express / Discover

**- WINNEBAGO COUNTY -**

**BUILDING INFORMATION / STRUCTURAL (S)**

TYPE OF WORK	
Additions / Alterations / Conversions _____ SF (circle one) <b>New Home / Duplex</b> _____ SF	
Basement _____ SF (circle one) <b>Egress Window:</b> Existing New	
Deck _____ SF	
Porch _____ SF	

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

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

**Roofing** [circle applicable(s) below]

<input type="checkbox"/> <b>Reroof</b> (House / Detached Garage / Commercial)
<input type="checkbox"/> <b>Tear-Off &amp; Reroof</b> (House / Detached Garage / Commercial)

**Sign**

<input type="checkbox"/> Illuminated _____ SF
<input type="checkbox"/> NON-Illuminated _____ SF

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

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BUILDING HEIGHT AREA:	
Max. Height Above Grade: _____ FT	
Stories Above Grade: _____	
Max. Area per Floor: _____ SF	
Total Floor Area: _____ SF	

Floor _____ Through _____ Use _____ I _____ SF
Floor _____ Through _____ Use _____ I _____ SF
Floor _____ Through _____ Use _____ I _____ SF
# Units: _____ Multifamily / Townhouse

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 BULDINGS ONLY:	
Total # Rooms _____	
# of Bedrooms _____	
# of Bathroom _____	
Full _____ Partial _____	

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

ELECTRICAL (E)	
Qty	Item
	Electrical Reconnect
	<b>Services</b> 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	
	Residential
	Commercial, Industrial, Other
	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
	Spigot(s)
	Other: _____
	<b>= TOTAL # OF OPENINGS</b>

Sprinklers	
	Number of Heads

\*\* Qty = Quantity (#) Needed per Item within each Trade; Mechanical (M), Electrical (E), Plumbing (P) \*\*