



# MISC. PERMIT APPLICATION

FOR OFFICE USE ONLY	
PERMIT NUMBER	PERMIT FEE

PROJECT LOCATION	
PROJECT STREET ADDRESS	DATE

OWNERSHIP	CONTRACTOR
OWNER'S NAME	CONTRACTOR'S NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
TELEPHONE CONTACT NUMBERS	TELEPHONE CONTACT NUMBERS
RICO PARCEL #	STATE LIC #

PROJECT DESCRIPTION	ESTIMATED TOTAL COST
<hr/> <hr/> <hr/>	\$ _____  Is this a Landmark or historic district? <div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>
<input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	

TYPE OF PROJECT
DEMOLITION / MOVE BUILDING PERMITS ONLY

Type of structure \_\_\_\_\_ # of stories \_\_\_\_\_ # of units \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**UTILITY CUTS:** Sewer \_\_\_/\_\_\_/\_\_\_, Water \_\_\_/\_\_\_/\_\_\_, Gas \_\_\_/\_\_\_/\_\_\_, Electric \_\_\_/\_\_\_/\_\_\_

UTILITY TURN ON APPLLIICATION
Type: Single family _____ Duplex _____ Multi Unit _____ Commercial _____ Industrial _____
Gas _____ Electric _____ Gas & Electric _____

SIGN PERMIT ONLY
Type of Sign: _____ Dimensions: _____ X _____ Electric powered? Yes No
Zoning Approval: _____

**ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND**

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island.

**Signature of Owner/Contractor:** \_\_\_\_\_

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ZONING APPROVAL: _____	DATE _____
CITY ENGINEER: _____	DATE _____
BUILDING OFFICIAL: _____	DATE _____