

ADDITION/REMODEL PERMIT APPLICATION



FOR OFFICE USE ONLY	
PLAN REVIEW	REVIEW FEE
PERMIT NUMBER	PERMIT FEE

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
_____	\$ _____
_____	Is this a Landmark or historic district?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	

REMODEL PERMITS ONLY

Type of work being done: Siding Windows Bathroom Basement Finishing Attic Conversion

of full Baths: _____ # of ¾ Baths: _____ # of ½ Baths: _____ # of Bedrooms: _____ # of Windows: _____

of Squares of siding: _____ Value of siding material: \$ _____ # of Squares of roofing material: _____

Value of roofing: \$ _____ Is a fire-extinguishing system being installed?: Yes No If yes, list the Value: \$ _____

Value of mechanical work: \$ _____ Value of electrical work: \$ _____

Value of plumbing: \$ _____ **Value of general construction: \$ _____**

ADDITION PERMITS ONLY

Type of work being done: Deck or Porch Fence 3 or 4 Season Conversion Other _____

Setbacks (distance from property lines to project) Front: _____ Left Side: _____ Right Side: _____ Rear: _____

Addition dimensions: _____ Ft X _____ Ft # of Windows: _____ # of full Baths: _____ # of ¾ Baths: _____

of ½ Baths: _____ # of Bedrooms: _____ Is a fire-extinguishing system being installed?: Yes No

If yes, list the value: \$ _____ Value of mechanical work: \$ _____ Value of electrical work: \$ _____

Value of plumbing: \$ _____ **Value of general construction: \$ _____**

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: _____

FOR OFFICE USE ONLY

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

Inspection Division • 1528 Third Avenue • Rock Island, Illinois • 61201-8678 • Phone: (309) 732-2910 • Fax: (309) 732-2930