

## City of Rockford, Illinois

Planning and Zoning Division  
425 East State Street, Rockford, IL 61104  
Phone: (779) 348-7158 Fax: (815) 967-4243  
Website: [www.rockfordil.gov](http://www.rockfordil.gov)



### PARKING LOT PERMIT APPLICATION 3+ FAMILY, COMMERCIAL/INDUSTRIAL

Applicant to Complete Sections I - III Below

Application #:

<b>I. Project Details</b>				
Project Address	Total Cost of Construction \$			
All Existing Uses On The Property Are:	All Proposed Uses On The Property Are:			
Describe full scope of work				
Width of Existing Driveway (Measured at Right-of-Way)	Ft. In.	Total Width of New Driveway (Measured at Right-of-Way))	Ft. In.	Length of Curb Being Cut
				Ft. In.

<b>II. Property Owner Information</b>		
Owner's Name	Phone	Fax
	Email Required:	
Owner's Address	City	State Zip

<b>III. Contractor Information</b>		
Contractor's Name	Phone	Fax
	Email Required:	
Contractor's Address	City	State Zip

- Three (3) copies of a "to scale" site plan, including landscaping plans and drainage plans must be submitted with this form.
- The Applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

Applicant is:	Owner	Contractor	<b>PROOF OF INSURANCE AND BOND WITH CITY REQUIRED FOR CONTRACTOR WHEN WORKING IN THE RIGHT-OF-WAY</b>
(Check One)			
Applicant's Signature	X		Date

<b>IV. Staff Comments (to be completed by Staff)</b>											
Zoning District:		Zoning File #:		S.U.P. Date		Variation(s) Date					
Total # Parking Spaces:		Total H.C. # Parking Spaces:		Is Sidewalk Required?		Is Landscaping Required?					
Req'd	Prov	Req'd	Prov	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Existing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Existing		
Illinois Dept. Conservation Review?	<input type="checkbox"/>	Located in Enterprise Zone?	<input type="checkbox"/>	Historic Preservation Ordinance?	<input type="checkbox"/>	Flood Hazard Ordinance?	<input type="checkbox"/>	Drainage Approval Required?	<input type="checkbox"/>	Access Permit from I.D.O.T.?	<input type="checkbox"/>

#### CONDITIONS

Public Works: \_\_\_\_\_

Zoning: \_\_\_\_\_

APPROVED

BY:

date:

**CALL PUBLIC WORKS @ 779-348-7174 FOR A FINAL INSPECTION**

Parking Lot Permit Fee: \$	(acct. 1010 61407)	Curb Cut Permit Fee: \$	(acct. 1010 61407)	Invoice #:	Date:
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## SAMPLE PARKING LOT AND LANDSCAPING PLAN



**City of Rockford, Illinois**

Public Works Department  
Engineering Division  
425 E State St, Rockford IL 61104  
Phone: (779) 348-7174 Fax: (815) 967-7058  
Website: rockfordil.gov



## STORMWATER MANAGEMENT PERMIT APPLICATION

Project Name: \_\_\_\_\_

Site Address/Location: \_\_\_\_\_ Acres Disturbed: \_\_\_\_\_

This is a:  Subdivision Development  Building Site  Parking Lot  Other

Description of Work: \_\_\_\_\_

Date to Begin Work: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**\*\* If work does not commence within 2 weeks of the listed start date this permit is no longer valid until the City of Rockford is informed of the new start date. Permit is valid for two (2) years from date construction commences.**

**Projects that extend beyond 2 years from the start date shall submit a new permit application and applicable fees.**

Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Developer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(if different from owner) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Engineer/ Surveyor of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

List below the party responsible for construction and maintenance of all drainage ditches, storm water storage areas, erosion & sediment control measures, etc. throughout the course of construction.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

PW Clearance: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

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List below the party responsible for **permanent** maintenance of drainage ditches, storm water storage areas, erosion & sediment control measures etc.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Responsible Party is:  Property Owner  Homeowner's Assoc.  Leasee of Property  Other  
 Specify: \_\_\_\_\_

**Signature:**

**Printed  
Name:**

**Date:**

\*\*If any BMP requires long term maintenance, a Post Construction Management Plan shall be completed and submitted.

\*\*All applicable best management practices for erosion & sediment control must be installed prior to the start of grading. Contact Brad Holcomb at (779) 348-7611 or [brad.holcomb@rockfordil.gov](mailto:brad.holcomb@rockfordil.gov) a minimum of 48 hours prior to the start of any land disturbing activities to arrange for a Pre-Grading Inspection. A Pre-Grading Inspection shall be required for any project that is adjacent to an environmentally sensitive area (i.e., floodplain, creek, natural habitat, etc.).

### For Office Use Only

Watershed:	Section:	Township:	Range:
PIN #:	IEPA Permit #:		
Is site in a Special Flood Hazard Area? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has Floodplain Permit been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the Tentative Plat Apply? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has it been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the Grading Plan Apply? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has it been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is Site Over 1 Acre of Disturbance? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has SWPPP & ES&C Plan been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, has NOI been submitted to IEPA? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the Post Construction Management Plan Apply? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has it been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is site adjacent to an Environmentally Sensitive area? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has pre-grading inspection been scheduled? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has site been surveyed for Endangered Species?? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, has survey been submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Permit Fee: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

PW Clearance:

Date:

Permit Number: