

**City of Rockford, Illinois**

Public Works Department  
425 East State Street, Rockford, IL 61104  
Phone: 779-348-7174 Fax: (815) 967-7058  
www.rockfordil.gov



## **Public Works Clearance Form**

(To be completed by Staff)

<input type="checkbox"/> <b>Subdivision</b>	<input type="checkbox"/> <b>Site</b>	<input type="checkbox"/> <b>Parking Lot</b>	<b>Plan Review Clearance #:</b>		
<b>Project Information</b>					
Project Name			Date of Submittal:		
Address/Subdivision		Section No.:	PW Check-in Date:		
<b>Engineering Company</b>					
Contact Person		Company			
Address		City	State	Zip	
Phone/Fax		Email			
<b>Staff Comments</b>					
<b>WATER REVIEW</b>					
Comments: _____					
Water Engineer Approval:			Approval Date:		
<b>TRAFFIC / STREET LIGHT REVIEW</b>					
Access Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, from whom: <input type="checkbox"/> I.D.O.T <input type="checkbox"/> Winnebago Co.					
Street Light Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments: _____					
Traffic Engineer Approval:			Approval Date:		
<b>STORM WATER REVIEW</b>					
Grading Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No (see fee schedule)					
Comments: _____					
Storm Water/ Environmental Coordinator Approval:			Approval Date:		
<b>DEVELOPMENT ENGINEER</b>					
Comments: _____					
Development Engineer Approval:			Approval Date:		
<b>Foundation Clearance Date:</b> _____		<b>Flood Hazard</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Ordnance Apply?	<b>E &amp; S Control Insp. Fee</b> \$ _____ (10101000-61466) <b>Drainage Review Fee</b> \$ _____ (10101000-61401)		
<b>Full Clearance Date:</b> _____		<b>Curb Cut Permit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Required? Length:	<b>IEPA Water Permit Fee</b> \$ _____ (10101000-60233) <b>DW/Curb Cut Permit Fee</b> \$ _____ (10101000-61407) <b>ROW Fee</b> \$ _____ (10101000-61403) <b>Total Fees</b> \$ _____ [Invoice No.: _____]		