

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (779) 348-7413 Fax: (815) 967-4243
 Web: www.rockfordil.gov



CONTRACTOR'S APPLICATION FOR FIRE PROTECTION PERMIT

Applicant to complete sections I-V

App. #:

I. Project & Owner Information					
Project Address				Zip	
Subdivision (if applicable)			Lot # (if applicable)		
Type of Property: <input type="checkbox"/> One Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial/Industrial					
Project Name (if applicable)					
Owner's Name		Phone		Fax/Email	
Owner's Address		City		State	Zip
II. Contractor Information					
Company			Contact Person		
Address			City	State	Zip
Phone	Fax	Plbg. Lic#:		Cont. Reg#:	
<p>▶ If you prefer to receive your permit via fax or email, please provide that information here. If you do not provide a fax number or email address, you will receive your permit via post office mail.</p> <p><input type="checkbox"/> Fax / <input type="checkbox"/> Email:</p>					
III. Is there a <u>General Contractor</u> on the Job? <input type="checkbox"/> Yes <input type="checkbox"/> No, this is a stand-alone project					
IV. Description of Work (if additional work use 'other' space provided below)					
					Total Square Feet of Work
Type of Fire System	# of systems	Type of System	# of systems	System Information	
<input type="checkbox"/> Fire Alarm/Detection		<input type="checkbox"/> Wet Sprinkler System		Number of Sprinkler Heads	#
<input type="checkbox"/> Emergency Evacuation		<input type="checkbox"/> Dry Sprinkler System		Number of Dry Heads	#
<input type="checkbox"/> Other Alarm System		<input type="checkbox"/> Standpipe		Total Number of Standpipes	#
<input type="checkbox"/> Wet Chemical System		<input type="checkbox"/> Fire Pump		Other Systems	
<input type="checkbox"/> Dry Chemical System		<input type="checkbox"/> Fire Department Connection		<input type="checkbox"/>	#
<input type="checkbox"/> Clean Agent System		<input type="checkbox"/> Private Hydrant		<input type="checkbox"/> Backflow/RPZ	#
<input type="checkbox"/>					
Other Information:					
V. Construction Valuation					
Total Cost of Project \$ _____		Expected Start Date:		Expected Completion Date:	
(which includes: Labor, Materials, Equipment, Overhead & Profit)					
Requested Inspection Date: _____		Time Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM		Lock Box #(if applicable): _____	
(please give 24 Hr. Notice)					