

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (779) -348-7158 Fax: (815) 967-4243
 Web: www.rockfordil.gov



Mechanical Permit Application

Plans Submitted? Yes No

App #:

I. Is there a General Contractor on the Job? Yes No, this is a stand-alone project.

*** If yes, please stop this application and contact your General Contractor. Have them provide the Main Permit (it will begin with "MULCOM"). Once you have this permit #, please provide it along with this application***

Permit # MULCOM _____

II. Is this a Fire Suppression System? Yes No

*** If yes, please stop and fill out the **Fire Permit Application*****

III. Project & Owner Information **An incomplete application will delay the permit process**

Project Address _____ Zip _____

Type of Property: One Family Two Family Multi-Family (3+ units) Commercial / Industrial

Project Name _____

Owner's Name _____ Phone _____ Email _____

Owner's Address _____ City _____ State _____ ZIP _____

IV. Contractor Information (City of Rockford license required)

Company _____ Contact Person _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Mechanical License# _____

▶ Please provide your email here. If you do not provide an email address, you will receive your permit via post office mail.

Email: _____

V. Description of Work

<p>FORCED AIR <input type="checkbox"/> Replace <input type="checkbox"/> New <input type="checkbox"/> Weatherization _____ % Efficiency _____ BTU</p> <p>Load Calc's <input type="checkbox"/> Manual J <input type="checkbox"/> Manual S <input type="checkbox"/> Manual D</p> <p><input type="checkbox"/> Block <input type="checkbox"/> Economizer <input type="checkbox"/> ERV <input type="checkbox"/> Other</p>	<p>Misc. (Check all that apply)</p> <p><input type="checkbox"/> Ductwork <input type="checkbox"/> Chimney Liner <input type="checkbox"/> Gas Fireplace</p> <p><input type="checkbox"/> Commercial Hood <input type="checkbox"/> Hood Fire Suppression _____ # Nozzels</p> <p><input type="checkbox"/> Exhaust _____ cfm</p> <p><input type="checkbox"/> Make – up _____ cfm</p>
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AC: Replace New _____ Ton

BOILER: Replace New _____ BTU

RTU: Replace New _____ Ton _____ BTU

Refrigeration (list equip): _____

Gas Piping _____ Total BTU

High Pressure (greater than or equal to 1psi)

Low Pressure

Project Description:

VI. Construction Valuation

Total Cost of Project \$ _____ Expected Start Date: _____ Expected Completion Date: _____
 (which includes: Labor, Material, Equipment, Overhead & Profit)

Requested Inspection Date: _____ Time Preference AM PM Lock Box # (if applicable): _____
 (please give 24 Hr. notice)

Applicant's Signature **X** _____ **Date** _____

***The City of Rockford **encourages online permitting**. Please take a minute to complete your online account and apply for your permit online. Once applied for online, please schedule inspections online. This can be done at <https://rockfordil.gov/permits/> Any questions please contact 779-348-7158