

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



CONTRACTOR'S APPLICATION FOR PLUMBING PERMIT

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 Sprinkler? 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 _____

Subdivision (If applicable) _____ Lot # (If applicable) _____

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 (Illinois Plumbing License & Illinois Plumbing Contractor Registration required)

Company _____ Contact Person _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Plbg Lic#: 58 - _____ Cont. Reg#: 55 - _____

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 (If additional work use 'other' space provided below)

Water Heater # Gas # BTU: _____ **Size:** _____ gal. **Water Heater-Instantaneous # Electric # KW:** _____

Tub/ Shower Combo	#	Washer Box	#	3 Comp. Sink	#
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Bath Tub	#	Laundry Tub	#	Hand Sink	#
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Shower	#	Hose Bibb	#	Prep Sink	#
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Whirlpool	#	Garage Disposal	#	Drinking Fountain	#
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Water Closet	#	Dishwasher	#	Mop Sink	#
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Urinal	#	Kitchen Sink	#	Floor Drains	#
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Lavatory	#	Backflow/RPZ #	Size:	Sewer	Water
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Water Supply Fixture Units	#	Water Softener #	Grease Trap #	Size:
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Other: _____

VI. Construction Valuation

Total Cost of Project \$ _____ **Expected Start Date:** _____ **Expected Completion Date:** _____

Requested Inspection Date: _____ **Time Preference** AM PM **Lock Box # (if applicable):** _____

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