

December 3rd, 2019

Dear Contractor:

Your 2019 contractor registration will expire on December 31st, 2019. In order to obtain a permit in 2020, your registration must be current. **The form for renewal can be found at rigov.org under contractor registration. You may mail, fax or email the completed forms. Roofing contractors must submit their updated Illinois Roofing License. Keep in mind that it is the contractors' responsibility to keep their insurance and bond current.**

Please keep the following other Contractor Responsibilities in mind when performing work in Rock Island:

- City code requires that permits must be pulled **before** work is performed and that a permit must be retained on the job site. This office understands that emergency repairs/replacements do occur, and those permits must be submitted as soon as possible.
- City code requires that inspections are conducted during applicable stages in the build and that a final inspection or occupancy inspection is conducted in order to close the permit. **Every permit issued requires an inspection.** It is the responsibility of **the contractor** to call or email all inspection requests to the Inspection Division upon completion of work in a timely manner.
- If there is a change in the scope of work, the proposed change must be submitted to this office in writing and it must be approved by the Building Official before modifications are initiated.
- **ALL INSPECTIONS REQUIRE A MINIMUM OF 24 HOUR NOTICE**

Beginning January 1st, 2018, the 2015 International Codes were implemented.


On November 20th, 2017, City Council passed a recommended ordinance to implement the 2015 International Codes (IBC, IRC, IFC, IMC, IFGC, and IEBC), 2017 NEC, 2015 IECC, the 2014 Illinois Plumbing Code and the IPC for matters not covered by the IL Plumbing Code. **All construction after December 31st, 2017 must conform to the minimum requirements of the 2015 I-Codes.** You may request copies of local amendments by contacting the Inspection Division via email at Inspection@rigov.org or calling us at 309.732.2910 during normal business hours.

There are copies of the local amendments as well as permit applications and fee schedules are available on the city website: <http://www.rigov.org>

All construction must conform to the 2018 IECC.

I look forward to working with you throughout the year.

Sincerely,



Tim DeLathower
Interim Chief Building Official



COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
INSPECTION DIVISION

2020 GENERAL CONTRACTOR REGISTRATION

Table with 4 columns: Date Processed, License Fee \$, Account No., and For Office Use Only.

ALL REGISTRATIONS EXPIRE DECEMBER 31

Roofing Contractors must submit their updated Illinois Roofing License for renewal.

All * FIELDS ARE REQUIRED FOR REGISTRATION. PLEASE WRITE LEGIBLE IN BLUE OR BLACK INK

* BUSINESS NAME:
* Primary Contact:
* Office Phone: () Alternate Phone: ()
* Mobile Phone: () FAX: ()
* Email Address: Website:
* Address:
* City, State, Zip Code:

ROOFING CONTRACTORS
A State of Illinois Roofing License IS REQUIRED to obtain a roofing permit. [] Limited [] Unlimited

2018 IECC in effect March 2019.

I certify that I will abide by all applicable Articles and Provisions as mandated by the City of Rock Island Building Ordinance. The Ordinance is available online at www.rigov.org or at the City Clerk's Office.

* Initial

I understand that it is my obligation to secure a building permit and to notify the appropriate inspectors in a timely manner for all applicable inspections.

* Initial

I understand that upon completion of construction and approval from the inspectors, it is my obligation to notify the Inspection Division to obtain a Certificate of Occupancy or final inspection.

* Initial

I am aware that there is a maximum \$500 per day per violation Permit Penalty Fee for construction started without proper permits or exceeding departmental permit approval.

* Initial

I certify that I presently have no employees and will not hire any employee(s) to perform work in the City of Rock Island during the duration of this registration unless I obtain workman compensation insurance and provide proof of such insurance to the City of Rock Island.

* Initial

Under penalties of perjury, the undersigned certifies that all information in this statement, and all information furnished in support of the statement is true and complete to the best of his/her knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.

X

* Applicant's Signature

* Date

PLEASE ENSURE THAT THE FOLLOWING ARE SUBMITTED FOR REGISTRATION

- [] This COMPLETED and SIGNED Registration Form
[] \$55.00 Fee (Checks payable to City of Rock Island)
[] Current Certificate of Liability Insurance to The City of Rock Island in the amount of \$100,00.00 property damage & \$300,000.00 personal injury per occurrence.
[] A \$10,000.00 continuous license/permit bond on the city's form. (Annual Renewals: If you already have an original on file in Inspection Office please disregard)

Submit to:
City of Rock Island
Inspection Division
1528 Third Avenue
Rock Island, IL 61201
Ph: 732-2910 • Email: Inspection@rigov.org
FAX: (309) 732-2933

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____