



**Permit Application  
New Construction**

Inspection Division  
1528 Third Avenue, Rock Island, Illinois 61201  
Phone: (309) 732-2910 · Fax: (309) 732-2930  
Email: Inspection@rigov.org

FOR OFFICE USE ONLY	
<b>Permit No</b>	<b>Permit Fee</b>
	\$ _____
<b>Plan Review No.</b>	<b>Plan Review Fee</b>
	\$ _____
<b>Zoning Authorization Signature:</b>	
X _____	
Date of Authorization: _____	
<b>Building Official Authorization Signature and Date:</b>	
X _____	
Date of Authorization: _____	

**Section 1 PROJECT INFORMATION**

1 FAMILY    2 FAMILY    OTHER RESIDENTIAL    NON-RESIDENTIAL

Project Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

*Required only if Applicant is contractor or property agent*

Owner Phone: \_\_\_\_\_

Description of Work Proposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 2 VALUATION**

General Construction \$ \_\_\_\_\_    Sprinkler \$ \_\_\_\_\_    Electrical \$ \_\_\_\_\_  
 Mechanical \$ \_\_\_\_\_    Plumbing \$ \_\_\_\_\_    **Add all valuation details to calculate Total Cost = \$ \_\_\_\_\_**

*Electrical, Mechanical, and Plumbing fees are included in total valuation, however individual trade permits must be applied for separately.*

**Section 3 SUBCONTRACTORS**

Concrete/Flatwork: \_\_\_\_\_    Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_    Mechanical: \_\_\_\_\_

Fire Sprinkler: \_\_\_\_\_    Other: \_\_\_\_\_

**Section 4 CONSTRUCTION DETAILS**

Lot Dimensions: _____	Total Finished Square Feet: _____
Setbacks (Distance from Property Line):	Basement Finished?    Yes    No    Egress Window:    Yes    No
Front: _____    Rear: _____	# Stories: _____    # Bedrooms: _____
Left: _____    Right: _____	# Full Bathrooms: _____    # 1/2 Bathrooms: _____

**Section 5 APPLICANT INFORMATION**

**ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND**

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Type (check one):    Applicant/Company Name: \_\_\_\_\_

**Contractor**  
(Registered with City of Rock Island)

**Property Owner**  
(Owner of Legal Record)

**Authorized Agent**  
(Written authorization from legal owner)

Applicant/Company Address: \_\_\_\_\_

Applicant/Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Applicant Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_