



Permit Application  
**Sign**  
 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	
Permit No	Permit Fee
	\$ _____
Zoning Authorization Signature: (# Signs Approved _____)	
X _____	
Date of Authorization: _____	
Building Official Authorization Signature:	
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**

Estimated Total Cost

\$ \_\_\_\_\_

**Section 3 PROJECT DETAILS (Additional Signs can be listed on the back of this permit application)**

Illuminated?    Type of Sign \_\_\_\_\_ Dimensions \_\_\_\_\_ x \_\_\_\_\_

                                    Permanent      Temporary

**Signs attached to Building**

Window Graphic (s)                      Awning (Awning Projection to sidewalk \_\_\_\_\_)

Other \_\_\_\_\_

**Free Standing Signs**

Setbacks (Distance from Property Line:)

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Left: \_\_\_\_\_ Right: \_\_\_\_\_

- For new free standing signs footing details and pipe size must be included.
- Footing details with conduit are required if applicable.

**\*\*Do not proceed with wiring until electrical permit is issued!\*\***

**Section 4 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)                      Applicant/Company Address: \_\_\_\_\_

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

**Authorized Agent**  
 (Written authorization from legal owner)                      Applicant/Company Phone Number: \_\_\_\_\_

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

**ADDITIONAL PROJECT DETAILS**

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**Permanent**      **Temporary**

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