



Permit Application  
**Utility Turn-On**  
 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
	\$ 27.50
Building Official Authorization Signature and Date	
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 PROJECT DETAILS (CHECK APPLICABLE)**

**GAS**

1. All flue vents from appliances must be sound, connected and not rusted.
2. All gas valves must be in OFF position
3. All gas lines must be valved and capped if not in use.
4. All gas lines must be pressure tested to 10 pounds for 1 hour by a qualified HVAC or Plumbing contractor. Contractor must submit an affidavit verifying test results to the appropriate jurisdiction. After a successful inspection the Jurisdiction will release the turn on to the utility company.

**ELECTRIC**

1. Ground Electrical Panel and install water meter bonding jumper. Using #6 AWG Copper for 100amp/ #4 for 200amp panel.
2. Ground rod if installed must be connected properly.
3. Provide GFCI receptacle in Bathroom(s) and within 6' of all sinks.
4. Install Battery powered Smoke Detectors and Carbon Monoxide detectors where required by IPMC, if not already in place.
5. Electrical Panel and all electrical boxes must have covers in place.
6. No exposed or improper wiring anywhere in structure.

Local utility company will not turn on gas/electric unless occupant has registered for billing.  
 Please contact MidAmerican Energy Company at (888) 427-5632.

**Section 3 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: \_\_\_\_\_