



City of Rock Falls Preliminary NEW Residence Building Permit Application

Owner _____ Date _____

Project Address _____ Contractor _____

Contractor Illinois LIC. Number _____ Rock Falls Registration Number _____

GENERAL SPECIFICATIONS

Project Description: _____

Lot Size: Width _____ Depth _____

Construction Type _____ Zoning District _____

Has residence location been staked out within property lines? yes no

Are The Surveyor Stakes Visible? yes no Architect Plat & Plan Specs. Completed? yes no

Need 2 sets of bldg/site/electric plans for plan review – One set must be in downloadable DVD format.

CONTRACTORS INFORMATION AND SPECIFIC BID AMOUNTS.

Note: The General Contractor and all Sub Contractors are required to have current liability insurance, bond, & registration submitted prior to the issuance of any construction permits.

General. _____	Amount. \$ _____	Fee \$ _____
Electrical. _____	Amount. \$ _____	Fee \$ _____
Plumbing _____	Amount. \$ _____	Fee \$ _____
HVAC. _____	Amount. \$ _____	Fee \$ _____
Roofing. _____	Amount. \$ _____	Fee \$ _____
Concrete. _____	Amount. \$ _____	Fee \$ _____
Sprinkler _____	Amount. \$ _____	Fee \$ _____
Floor Drain Openings _____	How Many _____	

1. If demolition of existing building will be made - Has the building been inspected for the presence of Asbestos? Yes. No. Date certified as cleared. _____ By. _____
2. Is the property in a Flood Plain Zone? Yes. No. Section of Zone Map _____
3. A preliminary design meeting is required between the General Contractor, Architect, City Staff and each of the City Departments to review the project's requirements.
4. All work shall be completed in compliance with the City, State, ADA and Federal code requirements.

SIGNATURE OF APPLICANT. _____ **DATE.** _____