

3-18-2020
JFS 2-A,

- WINNEBAGO COUNTY -

BUILDING PERMIT APPLICATION (COMMERCIAL OR RESIDENTIAL)

Building Department
404 Elm Street, Room 403
Rockford, IL 61101

buildingdept@wincoil.us

Application #: _____
Check #: _____
Phone (815) 319-4350 FAX: (815) 319-4351

X for Contractor Change

PROPERTY	Address		Business Name (if applicable)	
	Subdivision	Lot #		
PROPERTY OWNER	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
ARCHITECT / ENGINEER	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
GENERAL CONTRACTOR <input type="checkbox"/> Same as Property Owner	Name/Business	Phone #	Fax #	
	Address	City / State	Zip Code	
ELECTRICAL CONTRACTOR	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
HEATING & COOLING CONTRACTOR	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
PLUMBING CONTRACTOR Contractor License # # 055 - _____	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
ROOFING CONTRACTOR License # # 104 - _____	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
FIREPLACE CONTRACTOR	Name	Phone #	Fax #	
	Address	City / State	Zip Code	
LOW VOLTAGE CONTRACTOR	Name	Phone #	Fax #	
	Address	City / State	Zip Code	

Construction cost less Mechanical (M), Electrical (E), Plumbing (P): \$ _____

DESCRIPTION OF WORK: _____

REQUIRED INFORMATION MUST BE COMPLETED (REGARDLESS OF PERMIT TYPE)	
TYPE OF SEWAGE DISPOSAL	TYPE OF WATER SUPPLY
Public	Public
Private (Septic)	Private (Well)

Structural (S)	<input type="checkbox"/>	Trade	(S)	<input type="checkbox"/>	Extra	<input type="checkbox"/>
Mechanical (M)	<input type="checkbox"/>	Renewal	(M)	<input type="checkbox"/>	Inspection	<input type="checkbox"/>
Electrical (E)	<input type="checkbox"/>	<small>(Mark all that apply, if applicable)</small>	(E)	<input type="checkbox"/>	<small>(Mark all that apply, if applicable)</small>	<input type="checkbox"/>
Plumbing (P)	<input type="checkbox"/>		(P)	<input type="checkbox"/>		<input type="checkbox"/>

****** CONTINUE TO BACK SIDE ******

For E-mail & Fax Applicants Only		
Name on Card:	Credit Card Number:	
Authorization:	Credit Card Type:	Expiration Date:

By authorizing payment, you agree to the terms of transactions listed below

Debit Card Fees \$2.00 per transaction	Credit Card Fees \$2.00 or 3% whichever is greater	Visa / MasterCard American Express / Discover
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- WINNEBAGO COUNTY -

STRUCTURAL (S) / BUILDING INFORMATION

RESIDENTIAL (RES)	
<input type="checkbox"/> Additions / Alterations / Conversions	_____ SF
<input type="checkbox"/> House (checkmark): <input type="checkbox"/> Single-Family / <input type="checkbox"/> Duplex	_____ SF
Height _____ FT	# Stories _____
<input type="checkbox"/> # of Bedrooms _____	
<input type="checkbox"/> # of Bathrooms _____	
Full _____ Partial _____	
<input type="checkbox"/> Attached Garage _____	SF _____
<input type="checkbox"/> Basement _____	SF _____
<input type="checkbox"/> Egress Window (checkmark): <input type="checkbox"/> Existing <input type="checkbox"/> New	
<input type="checkbox"/> Deck _____	SF _____
<input type="checkbox"/> Porch _____	SF _____
<input type="checkbox"/> Accessory (detached) Structure _____	SF _____
Height _____ FT	
Checkmark: <input type="checkbox"/> Garage / <input type="checkbox"/> Pole Barn / <input type="checkbox"/> Shed	
<input type="checkbox"/> Demolition of _____	
<input type="checkbox"/> Other: _____	

COMMERCIAL (COM)	
<input type="checkbox"/> Additions / Alterations / Conversions	_____ SF
Height _____ FT	# Stories _____
<input type="checkbox"/> Building _____	SF _____
Height _____ FT	# Stories _____
<input type="checkbox"/> Shell _____	SF _____
Height _____ FT	# Stories _____
<input type="checkbox"/> Foundation ONLY _____	SF _____
<input type="checkbox"/> Demolition of _____	
Est. _____	SF _____
<input type="checkbox"/> Other: _____	

OTHER MISC (RES / COM)	
Roofing	
<input type="checkbox"/> Reroof [checkmark applicable(s)]	
<input type="checkbox"/> House / <input type="checkbox"/> Detached Garage / <input type="checkbox"/> Commercial	
<input type="checkbox"/> Tear-Off & Reroof [checkmark applicable(s)]	
<input type="checkbox"/> House <input type="checkbox"/> Detached Garage	
<input type="checkbox"/> Commercial	
Sign	
<input type="checkbox"/> Illuminated _____	SF _____
<input type="checkbox"/> NON-Illuminated _____	SF _____
Swimming Pool	
<input type="checkbox"/> Depth _____ FT _____ INCHES	
<input type="checkbox"/> Above Ground / <input type="checkbox"/> In-Ground	

MECHANICAL (M)	
Qty	Item
	Heating
	0 - 200,000 BTU
	200,001 - 500,000 BTU
	500,001 - 1,500,000 BTU
	1,500,001 - 3,000,000 BTU
	3,000,001 - 4,000,000 BTU
	4,000,001 & Greater BTU
	Radiant Heat
	Air Conditioning (12,000 BTU's = 1 Ton)
	0 - 36,000 BTU (Up to 3 Tons)
	36,001 - 60,000 BTU (3 - 5 Tons)
	60,001 - 240,000 BTU (5 - 20 Tons)
	240,001 - 600,000 BTU (20 - 50 Tons)
	600,001 & Greater BTU (Greater than 50 Tons)
	Exhaust, Make-UP Air, & Bath Fans
	0 - 2,000 CFM
	2,001 - 6,000 CFM
	6,001 - 10,000 CFM
	Over 10,000 CFM # of CFM _____
	Refrigeration
	Class A per Unit
	Each Additional Unit
	Class B per Unit
	Each Additional Unit
	General
	Factory Built Fireplace (Prefab)
	Masonry Fireplace
	Gas Line(s) from Service Meter
	Gas Openings
	Duct Work
	Other: _____

ELECTRICAL (E)	
Qty	Item
	Electrical Reconnect
	Services
	100 AMP
	200 AMP
	201 - 300 AMP
	301 - 400 AMP
	401 - 500 AMP <input type="checkbox"/> 501 - 600 AMP
	601 - 700 AMP
	701 - 800 AMP
	801 - 900 AMP
	901 - 1,000 AMP
	1,001 - 1,100 AMP
	1,101 - 1,200 AMP
	Misc. Wiring / Code Repairs (Est. _____ SF)
	Panels
	Circuits
	Transformers
	Disconnects
	Baseboard Heat
	Other: _____

PLUMBING (P)	
Qty	Item
	Water Heater
	Water Softener
	Floor Drain
	Toilet(s)
	Bathtub(s) / Shower(s)
	Sink(s)
	Dishwasher
	Laundry Sink
	Laundry Box
	Water Service
	Sewer Service
	RPZ / Backflow Preventor
	Sewage Ejector
	Spigot(s)
	Other: _____
	= TOTAL # OF OPENINGS

Alarm Systems/Low Voltage	
	Residential
	Commercial, Industrial, Other
	Additional Units

Sprinklers	
	Number of Heads

Suppression System	
	NFPA-13
	NFPA-13R
	NFPA-13D
	Limited Area
	Range Hood
	None
	Partial
	Complete

****** BELOW MUST BE COMPLETED ******

I, the applicant, certify that information on this application is true, complete, and correct. If a permit is issued, all work done and all materials used shall be in conformance with the approved plans and specifications and in compliance with the requirements of the Winnebago County Building Code and other applicable statutes and ordinances that require building construction or use.

Signature _____	Date _____	Phone # _____
Printed Name _____	E-mail _____	

** Qty = Quantity (#) Needed per Item within each Trade; Mechanical (M), Electrical (E), Plumbing (P) **