



Permit Application
Mechanical
 Zoning & Building Safety
 1504 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 558-3771 · Fax: (309) 786-4456

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$
Building Official Authorization Signature:	
x _____	
Date of Authorization: _____	

Mechanical Permits for Rental, Commercial or any other non-owner occupied properties must be submitted by a Illinois Licensed and Rock Island County Registered

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____

Owner Phone: _____
Required only if Applicant is contractor or property agent

Description of Work Proposed: _____

Section 2 VALUATION

Estimated Total Cost

\$ _____

Section 3 MECHANICAL DETAILS

QTY	FIXTURE	QTY	FIXTURE
	Other:		Other:
	Air Conditioning/Air Cooling BTU_____		Chimney Liner
	Steam/Boiler BTU_____		Electronic Filter
	Space Heating System BTU_____		Duct Work
	Unit Heater BTU_____		Wood Stove
	Forced Air Furnace BTU_____		Exhaust System
	Gas Fireplace BTU_____		Hot Water/Boiler
	Roof Top Unit BTU_____		Central Heat System
	Process Piping		Ventilation System
	Cooling Tower		

Section 4 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF ROCK ISLAND COUNTY

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 Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: **X** _____ Date: _____

* CONTRACTOR _____
 (Please supply Name and Phone Number for Property Owner)