



BUILDING PERMIT APPLICATION

COMMERCIAL

PROPERTY OWNER		GENERAL CONTRACTOR	
NAME:		COMPANY:	
ADDRESS:		CONTACT:	
CITY, ST, ZIP:		ADDRESS:	
PHONE #:		CITY, ST, ZIP:	
PHONE #:		PHONE #:	
		PHONE #:	

PROPERTY INFORMATION	
PROPERTY ADDRESS:	
TAX PARCEL NUMBER:	
TOWNSHIP:	
ZONING CLASSIFICATION:	
IS PROPERTY IN THE FLOODPLAIN?	

JOB DESCRIPTION	
TYPE OF CONSTRUCTION	
OCCUPANCY TYPE	
NUMBER OF STORIES	
SPRINKLERS REQUIRED?	
OTHER	
OTHER	

PLANS SUBMITTAL CHECKLIST	
	TWO (2) SETS OF BLUEPRINTS – SIGNED AND STAMPED
	SITE PLAN
	EROSION CONTROL PLAN
	LIST OF SUBCONTRACTORS
	APPROVAL FROM HEALTH DEPARTMENT
	APPROVAL ANDALUSIA ZONING & PUBLIC WORKS
	ELEVATION CERTIFICATE
	SIGNED CONTRACT WITH BID PRICE

Current Codes Being Used (with local amendments):

- * 2009 International Building Code*
- * 2009 International Energy Conservation Code
- * 2008 National Electrical Code*
- * State of Illinois Plumbing Code*
- * Illinois Accessibility Code
- * Rock Island County Zoning Resolution
- * Rock Island County Stormwater Ordinance

SUBCONTRACTORS		
TYPE	NAME	REGISTERED
ELECTRICAL		
EROSION CONTROL		
SITE WORK		
FOUNDATION		
FRAMING		
HVAC		
INSULATION		
PLUMBING		
ROOFING		
SPRINKLER		
FIRE PROTECTION		
OTHER		

BID PRICES		SQ FT
TOTAL PROJECT		
ELECTRICAL		
HVAC/MECHANICAL		
PLUMBING		
FIRE PROTECTION		
OTHER		
OTHER		

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the building codes, as adopted by Rock Island County. I agree this structure shall not be used, occupied or furnished in whole or in part until a *Certificate of Occupancy* is issued as required by law.

APPLICANT SIGNATURE _____ DATE _____