



**Rock
Island
County**

BUILDING PERMIT APPLICATION

SINGLE FAMILY DWELLING – ROOM ADDITION

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?	

PLANS SUBMITTAL CHECKLIST	
SITE PLAN (see handout)	
TWO (2) SETS OF PLANS – TYPICAL WALL SECTION (see handout)	
ENGINEERED TRUSS DRAWINGS	
TRUSS LAYOUT SHEET	
RESCHECK OR OTHER SIMILAR COMPLIANCE REPORT	
WINDOW SCHEDULE	
LIST OF SUBCONTRACTORS	
APPROVED AND ISSUED GRADING AND DRAINAGE PERMIT	#
APPROVAL FROM HEALTH DEPARTMENT	#
APPROVAL ANDALUSIA ZONING & PUBLIC WORKS (if applicable)	
ELEVATION CERTIFICATE (if applicable)	
SIGNED CONTRACT WITH BID PRICE	

Current Codes Being Used (with local amendments):

- * 2012 International Residential Code*
- * 2011 National Electrical Code*
- * 2021 IECC per Illinois Energy Efficient Buildings Act (20 ILCS 3125/1)
- * State of Illinois Plumbing Code (225 ILCS 320)
- * Illinois Accessibility Code (410 ILCS 25)
- * Rock Island County Zoning Resolution

SUBCONTRACTORS		
TYPE	NAME	REGISTERED
ELECTRICAL		
EROSION CONTROL		
EXCAVATION		
FOUNDATION		
FRAMING		
HVAC		
INSULATION		
PLUMBING		
RADON		
ROOFING		
SPRINKLER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

DESCRIPTION		SQ FT
# OF BEDROOMS	# OF BATHROOMS	
FOUNDATION TYPE		
FRAMING TYPE 1 ST STORY		
FRAMING TYPE 2 ND STORY		
ATTACHED DECK		
DETACHED DECK		
COVERED PORCH		
GARAGE – ATTACHED		
STONE OR BRICK		
FIRE PLACE		
OTHER		
OTHER		
OTHER		
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 _____