



# City of Rock Valley

## Building and Zoning Permit

PROPERTY & OWNER INFORMATION	
Owner Name:	Phone #:
Address:	Cell #:
Site Address (if different):	Email:
City/State/Zip:	

OFFICE USE ONLY	
Date Issued:	Date Paid:
Date Expired:	Date Inspected:
Permit Number:	Zoning District:
Subdivision (lot, block, sub name):	
Assigned address (if new):	
Yard Setbacks:	
Front: ____ Rear: ____ Side: ____	

APPLICANT INFORMATION (if other than OWNER)		
<input type="checkbox"/> Builder <input type="checkbox"/> Contractor <input type="checkbox"/> Design Professional		
Applicant Name (if other than owner):		
Applicant Business Name:		
Address:		
City/State/Zip:		
Phone:	Cell:	Email:

CONTRACTORS/SUBCONTRACTORS (if other than OWNER)				
General Contractor	Contact Name:	Address:	Phone:	Email:
Plumbing	Contact Name:	Address:	Phone:	Email:
Electrical	Contact Name:	Address:	Phone:	Email:
Excavator	Contact Name:	Address:	Phone:	Email:

TYPE OF WORK OR BUILDING	DESCRIPTION OF WORK	
New Residential	Located in Flood Plain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Materials
Multifamily	Describe project in detail:	<input type="checkbox"/> Wood Frame
New Commerical		<input type="checkbox"/> Metal
Addition		<input type="checkbox"/> Concrete
Demolition		<input type="checkbox"/> Other:
Moving		Roofing Materials
Deck		<input type="checkbox"/> Asphalt
Fence		<input type="checkbox"/> Metal
Accessory Building		<input type="checkbox"/> Other:
Sign		Siding Type:
Other		

PLAN SUBMISSION TYPE:	
	Electronic
	Hardcopy
ATTACHMENTS	
	Site Plan
	Floor Plan(s)
	Exterior Elevations
	Code Review
<b>Additional Notes:</b>	

**PLEASE COMPLETE REMAINDER OF APPLICATION ON THE BACK SIDE**



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RESIDENTIAL DWELLINGS		MULTI-FAMILY/ COMMERCIAL/ INDUSTRIAL	
Total # of Floors:	Total Structure ( in Sq. Ft):	Total Building Area:	No. of Floors:
Total height:	Overall Dimensions (LxW):	Existing BLDG Area:	Height:
Lower Level SF:	Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Area Sq. Ft:	Signs: <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Level SF:	# of Bedrooms:	Lower Level SF:	
Upper level SF:	# of Bathrooms:	Main Level SF:	Off Street Parking Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Garage SF:	Type of Heat:	Upper Level SF:	Number of Stalls:

ACCESSORY BUILDING	DECK/PATIO	RAMP OR OTHER STRUCTURE	FENCE/WALL	DRIVE APPROACH/SIDEWALK
Height:	<input type="checkbox"/> Front <input type="checkbox"/> Rear Yard	<input type="checkbox"/> Front <input type="checkbox"/> Rear Yard	<input type="checkbox"/> Front <input type="checkbox"/> Rear Yard	Sidewalk Length:
Length:	Length:	Length:	Length:	Width:
Width:	Width:	Width:	Width:	Drive Approach Length:
Total SF:	Total SF:	Total SF:	Material:	Width:

VALUATION		PERMIT FEE		OTHER REQUIREMENT
Primary Building	\$			<input type="checkbox"/> Board of Adjustment Hearing
Accessory Building	\$			<input type="checkbox"/> Variance Request:
Other Structure	\$			<input type="checkbox"/> Conditional Use:
Fence	\$			<input type="checkbox"/> Planning and Zoning Hearing
Total Valuation	\$			<input type="checkbox"/> Zoning Change:

### ACKNOWLEDGEMENT & SIGNATURE

*The applicant, by signature, acknowledges and agrees to the conditions of the permit; and that provisions of the building, fire, electrical, plumbing, accessibility, and energy codes may be applicable to the submitted project; and the building and zoning regulations outlined in the Rock Valley Zoning Ordinance. I hereby will defend, indemnify, protect and hold harmless the City of Rock Valley and its employees from any and all liability from any claim or cause of action which any person may claim to have by reason of any actual or alleged failure on the part of the undersigned applicant to comply with the terms and provisions thereof. I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true, and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. I agree and will provide notification of any change prior to construction. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local laws regulating construction or the performance of construction. The approved permit allows the construction of the building/structure as noted on this application and any submitted documentation. Any unauthorized change to approved permit and plans, or use of property, as presented will render this permit null and void.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Owner or Applicant (if other than Owner)*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Contractor or other Authorized Representative*

### OFFICE USE ONLY

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Zoning Administrator*

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Conditional Approval :
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