

MASTERPLAN

FOR TRACT HOUSING DEVELOPMENT
This if for Plan Review ONLY

City of Aurora

Development Services Department
Division of Building and Permits
77 S Broadway
Aurora, IL 60505



APPLICATION #: _____

Total Fees: _____ Submittal Date: _____
Online Portal: <https://auro-trk.aspgov.com/etrakit/> Phone: 630.256.3130 Website: www.aurora-il.org

Subdivision: _____

Unit /Phase: _____

Parcel: _____

Model Name / Number: _____

Owner Information (all fields required)

Additional Contact Info Applicant Developer

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

ACKNOWLEDGEMENT OF APPLICATION ONLY

This is an application only. Completion of this application does NOT entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not preclude the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property. As part of this application process, I affirm that all the information herein is true and correct to the best of my knowledge. I authorize the City of Aurora to make any reasonable inspections of the property as part of the application and permit process.

Owner Contractor Representative Role: _____

Name: _____ Signature: _____

APPLICATION SUBMITTAL REQUIREMENTS

- o Reference the ["Submittal Requirements, Application Timeframes and Inspection Contacts"](#) handout for quantity of items to submit with completed application
- o Complete construction drawings, stamped and signed (wet or digital) by a licensed design professional
 - o Cover sheet information that provides the following components:
 - Building Codes, Use Group, Construction Type, Square Footage, Design Live / Dead Loads, ILPC Occupancy Load Calcs
 - Number of stories above basement, if basement is a story above grade, separation distances, unit separations if applicable
 - o Floorplans showing layout of each entire floor, construction materials, dimensions, rated assemblies, etc.
 - o Details and Sections as required covering all construction materials, partitions, floor structure, rated assemblies and other elements necessary for work
 - o Building Elevations as required showing all exterior openings, roof heights and foundation depths
 - o Structural Plans and Details as required for structural support
 - o Plumbing Plans as required showing both sanitary and supply riser diagrams with all sizing and components, schedule of fixtures
 - o Mechanical Plans as required showing duct locations and sizes with indication of CFM, schedule of equipment with specifications
 - o Electrical Plans as required showing components, sizes, panel schedules, load calculations, one-line service diagrams and interconnected smoke detectors
 - o Architectural / Civil Site Plan as required to show lot lines, setbacks, existing structures, parking, curb cuts, fire hydrants, etc.
- o Soils testing reports for the overall area of the development

DESIGN PROFESSIONAL INFORMATION

LICENSED ARCHITECT / STRUCTURAL ENGINEER

Design Firm Registration #: _____

Business Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I hereby certify that these plans were prepared by me or under my supervision, and to the best of my knowledge, comply with all codes.

Signature: _____

BUILDING INFORMATION

Type: Detached Townhouse Two Family 3 & 4 Family

Maximum Possible Number of Bedrooms for unit: _____

Foundation: Slab Crawlspace Basement

Garage: Attached Detached

Area: 1st Floor: _____sf 2nd Floor: _____sf

Basement: _____sf Garage: _____sf Deck: _____sf

Custom Options (provide type and square footage for each)

A. _____sf

B. _____sf

C. _____sf

D. _____sf

E. _____sf

F. _____sf

Application Fee is due at time of submittal.

COST OF WORK: _____

APPLICABLE CODES

2014 Illinois Plumbing Code
2014 National Electrical Code

2015 International Residential Code
2018 International Energy Conservation Code

[City of Aurora Ordinances](#)

CONTRACTOR INFORMATION AND ASSOCIATED SCOPE OF WORK (COMPLETE ALL THAT APPLY)

GENERAL CONTRACTOR INFORMATION

City of Aurora Registration #: _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

ROOFING CONTRACTOR INFORMATION

City of Aurora Registration #: _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

ELECTRICAL CONTRACTOR INFORMATION

City of Aurora Registration #: _____ Electrical Service Size: _____ amps
 Business Name: _____ # of Sets of Service Conductors: _____ Size: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

PLUMBING CONTRACTOR INFORMATION

City of Aurora Registration #: _____ Water Service Size: _____ Water Meter Size: _____
 Business Name: _____ Type of Backflow Prevention Device: _____
 Contact Name: _____ Number of Plumbing Fixture Units: _____ PFUs
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

MECHANICAL CONTRACTOR INFORMATION

City of Aurora Registration #: _____ Type of HVAC: RTU Split System Unit Heaters
 Business Name: _____ A/C Boiler Exhaust
 Contact Name: _____ # of BTU's: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____