

SPECIAL AGENT SYSTEMCommercial
Modification or New**City of Aurora**Development Services Department
Division of Building and Permits
77 S Broadway
Aurora, IL 60505

APPLICATION #: _____

PARENT PERMIT #: _____

Total Fees: _____

Submittal Date: _____

Online Portal: <https://auro-trk.aspgov.com/etrakit/>

Phone: 630.256.3130

Website: www.aurora-il.org

Property Address: _____ Unit/Suite #: _____

Owner Information (all fields required)Additional Contact Info Applicant Tenant Property Mngr

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: _____

DESCRIPTION OF WORK

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 set of scaled plans showing location of all system components, stamped and signed (wet or digital) by a licensed design professional
 - o Provide complete building information (address, name of occupant, compass direction, occupancy classification, etc.)
 - o Provide large scale site plan indicating location of system in the whole building
 - o Provide full scaled plans showing the pipe distribution system including measurements along with any joint locations
 - Include all partitions and walls in coordination with existing conditions and any remodel work
 - Include the discharge nozzles orientation
 - Include agent storage container(s) location(s) on the plans, these locations shall not directly impinge on areas where personnel or normal work occurs
 - Include location of an abort switch for the system
 - o Provide an electrical wiring diagram that also demonstrates the system on a dedicated circuit
 - o Provide details on the integration of the system into the fire alarm system and its ability to transmit required signals to approved UL Central Station
 - o Provide information for all system components to demonstrate they meet associated NFPA standards
 - Carbon Dioxide Systems – NFPA 12
 - Clean Agent Systems – NFAP 2001
 - Dry Chemical Systems – NFPA 17
 - Foam Systems – NFPA 11 and NFPA 16
 - Wet Chemical Systems – NFPA 17A

APPLICABLE CODES and STANDARDS

2011 NFPA 12	2013 NFPA 17A	2015 International Building Code
2013 NFPA 13	2013 NFPA 72	2015 International Fire Code
2013 NFPA 14	2015 NFPA 16	<u>City of Aurora Ordinances</u>
2013 NFPA 17	2015 NFPA 2001	

Application Fee is due at time of submittal.

COST OF WORK: _____

CONTRACTOR INFORMATION (COMPLETE THE ONE THAT APPLIES)

SPRINKLER CONTRACTOR INFORMATION

City of Aurora Registration #: _____

Business Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

PROJECT, FIRE SYSTEMS AND BUILDING INFORMATION

Proposed Work Type: Carbon Dioxide Clean Agent Dry Chemical Foam Wet Chemical

Is this work associated with other construction: Yes No If yes, provide permit number: _____ - _____

Type of Sprinkler System at this location: Complete Limited None

If yes, complete the following: System Type: Wet Dry Fire Pump: Yes No

Standpipes: Yes No Hood Suppression: Yes No

Does this location have an alarm system already installed: Yes No

(If no, process needs to begin to install an alarm system in accordance with NFPA standards)

Building Information: Height: _____ ft Stories: _____ Area: _____ sf

Construction Type: 1A 1B 2A 2B 3A 3B 4 5A 5B

Please indicated below **ALL** Occupancy Classifications that apply to your project:

Specific Previous Use	Specific Proposed Use	Classification	Generic Description
		A-1 Assembly	Theaters (movie and live), concert halls, television and radio (with audience area)
		A-2 Assembly	Restaurants, bars, banquet facilities, casinos, nightclubs
		A-3 Assembly	Churches, museums, community halls, libraries, indoor sports (w/o spectators)
		A-4 Assembly	Indoor sports (w/ spectators), swimming pools
		A-5 Assembly	Amusement parks, bleachers, grandstands, stadiums
		B Business	Professional services, bank, lab, print shop, barber / beauty shop
		E Educational	Schools (other than college), daycare facilities
		F-1 Factory / Indus.	Moderate Hazard: appliances, electronics, food processing, furniture, textiles
		F-2 Factory / Indus.	Masonry, glass products, gypsum
		H-1 High Hazard	Detonable pyrophoric materials, explosives, unstable materials
		H-2 High Hazard	Flammable gases, cryogenic fluids,
		H-3 High Hazard	Consumer fireworks, flammable solids, oxidizing gases
		H-4 High Hazard	Corrosives, highly toxic materials
		H-5 High Hazard	Semiconductor fabrication or research
		I-1 Institutional	Assisted living, group homes, alcohol / drug centers (more than 16 for 24 hour)
		I-2 Institutional	Foster care, detoxification facility, hospital (more than 5 for 24 hour)
		I-3 Institutional	Correctional centers, jails, detention centers, prisons
		I-4 Institutional	Adult day care, child day care (more than 5 less than 24 hour)
		M Mercantile	Department stores, drug stores, retail stores, wholesale stores
		R-1 Residential	Hotels, motels
		R-2 Residential	Apartments, dorms, live / work units
		R-3 Residential	Specific limited residential occupancies
		R-4 Residential	Rehab centers, assisted living, congregate care facilities
		S-1 Storage	Moderate Hazard: books, shoes, furniture, fabrics, tires, mattresses
		S-2 Storage	Glass, gypsum board, metal furniture / parts, parking garages
		U Utility	Greenhouses, tanks, towers, barns, sheds, agricultural buildings

- If the proposed project has more than one classification, it will qualify either as a Single Occupancy with Incidental or Accessory Uses or a Mixed Occupancy (non-separated or separated). Design Professional needs to properly indicate these requirements from IBC on the cover page.

DISCLAIMER

For any hood suppression systems use our HOOD application
 For any alarm work use our FIRE ALARM application
 For any standard fire sprinkler system use our FIRE SPRINKLER application

Initial Submittals: bpcsrgroup@aurora.il.us

Revisions Submittals: bprevisions@aurora.il.us