

**TRACT HOUSING**

One and Two Family Dwellings  
 Duplicated from Masterplan Applications

**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](http://www.aurora-il.org)

MASTERPLAN APPLICATION NUMBER: \_\_\_\_\_

Address: \_\_\_\_\_

Model Name / Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Unit /Phase: \_\_\_\_\_

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**

- Reference the ["Submittal Requirements, Application Timeframes and Inspection Contacts"](#) handout for quantity of items to submit with completed application
- Proposed Engineering Grading Agreement
- Proposed Plat of Survey for the lot showing site specific home located at this address
- Fox Metro Yellow Card approval specific to this address
- Highway Impact Tax receipt for DuPage and Kane Counties
- Plumber's Letter of Intent specific to this address

**BUILDING INFORMATION**Type:  Detached  Townhouse  Two Family  3 & 4 Family Number of Bedrooms for this unit: \_\_\_\_\_Foundation:  Slab  Crawlspace  Basement Garage:  Attached  DetachedArea: 1<sup>st</sup> Floor: \_\_\_\_\_ sf 2<sup>nd</sup> Floor: \_\_\_\_\_ sf Basement: \_\_\_\_\_ sf Garage: \_\_\_\_\_ sf Deck: \_\_\_\_\_ sf

Custom Options (provide type and square footage for each):

A. \_\_\_\_\_ sf D. \_\_\_\_\_ sf  
 B. \_\_\_\_\_ sf E. \_\_\_\_\_ sf  
 C. \_\_\_\_\_ sf F. \_\_\_\_\_ sf

**APPLICABLE CODES**

2014 Illinois Plumbing Code  
 2014 National Electrical Code

2015 International Residential Code  
 2018 International Energy Conservation Code

[City of Aurora Ordinances](#)

Application Fee is due at time of submittal.

COST OF WORK: \_\_\_\_\_

**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: \_\_\_\_\_