

COMMERCIAL MULTI-TRADE REMODEL**COMMERCIAL WORK ONLY**

Involving more than one trade to complete scope of work

City of AuroraDevelopment 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

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 construction drawings, stamped and signed (wet or digital) by a licensed design professional
 - o Cover sheet information that provides the following components:
 - Use Group, Single / Mixed Use, Construction Type, Square Footage, IBC Occupant Load Calcs, Design Live / Dead Loads, ILPC Occupancy Load Calcs
 - o Floorplans showing layout of existing space, required demolition and proposed construction
 - 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 changed exterior openings, roof heights and foundation depths
 - o Structural Plans and Details as required for any modifications to existing 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 and sizes with balanced panel schedules, load calculations and one-line service diagrams
 - o Architectural / Civil Site Plan as required to show lot lines, setbacks, existing structures, parking, curb cuts, fire hydrants, etc.
- o Manufacturer's specifications and cut sheets on any equipment
- o Contractors must be licensed and registered with Aurora (not required at submittal, but prior to permit issuance)
- o Additional permits will be required for sprinklers, alarms, signage, hoods, etc.

APPLICABLE CODES

2014 Illinois Plumbing Code	2015 International Existing Building Code	2015 International Mechanical Code
2014 National Electrical Code	2015 International Fire Code	2018 International Energy Conservation Code
2015 International Building Code	2015 International Fuel Gas Code	City of Aurora Ordinances

Application Fee is due at time of submittal.

COST OF WORK: _____

GENERAL INFORMATION FOR PROJECT

Provide description of services and use for entire space: _____

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.

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

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

Square Footage of the Building: _____ Square Footage of Remodel: _____

Does the building qualify as an Unlimited Area Building: Yes No

Does the building have a sprinkler system in it: Yes - Complete Yes – Limited No

If yes, complete the following: Service Size: _____ Fire Pump: Yes No Standpipes: Yes No

Type of Backflow prevention: _____ Hood Suppression: Yes No

(Change of use, occupancy classification and / or construction type may require a sprinkler system to be installed if one does not exist)

Does the building have an alarm system in it: Yes - Complete Yes – Limited No

(Change of use, occupancy classification and / or construction type may require an alarm system to be installed if one does not exist)

(All buildings with a sprinkler system or other fire suppression system are required to be equipped by a permitted alarm system)

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: _____

OTHER AGENCIES NEEDING APPROVAL

- Fox Metro Water Reclamation District (630.301.6882)
 - o Any permit with a plumbing scope must apply with this agency to receive approval via a "Yellow Card"
- Fox Metro Pre Treatment (630.301.6855)
 - o Any permit with a grease trap must apply with this agency to receive approval for model and size via a "Yellow Card"
- County Health Department (DuPage, Kane, Kendall, & Will)
 - o Any permit which will include food preparation, production, service, or sales will require approval from this agency.
- City of Aurora Finance Department (630.256.3560)
 - o Retailer engaged in food / drink sales (other than hermetically sealed containers) must apply for Food & Beverage Tax
 - o Retailer engaged in sales of any tobacco products must get approval
- City Clerk (630.256.3070)
 - o Retailer engaged in liquor sales of any type must contact this agency
- County Highway Impact (DuPage 630.407.6700 and Kane 630.584.1171)
 - o Any project changing use load on building or impacting county right-of-way needs to get approval from corresponding agency.

Initial Submittals: bpccsrgroup@aurora.il.us

Revisions Submittals: bprevisions@aurora.il.us

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

Electrical Work: Yes No
Electrical Service Size: Existing New _____ amps
of Sets of Service Conductors: _____ Size: _____
Is a Service Change Expected: Yes No
of Existing Meters: _____ # of Meters Removed: _____
of Meters Added: _____
Fire Pump Size: _____ Fire Pump Voltage: _____

PLUMBING CONTRACTOR INFORMATION

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

Plumbing Work: Yes No
Water Service: Existing New Size: _____
Water Meter: Existing New Size: _____
Occupant Load per Illinois Plumbing Code: _____
Number of Plumbing Fixture Units: _____ PFUs
Type of Backflow Prevention Device: _____

MECHANICAL CONTRACTOR INFORMATION

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

Mechanical Work: Yes No
Mechanical Duct Work: Existing New
Type of HVAC: RTU Split System Unit Heaters
 A/C Boiler Exhaust
of BTU's: _____
Kitchen Hood: Yes - Existing Yes - New No
Exhaust Hood: Yes - Existing Yes - New No