

# COMN – COMMERCIAL NEW CONSTRUCTION - APPLICATION FORM

Completed Project resulting in a Certificate of Occupancy    
  **OR**    
 White envelope for Future Tenant

<b>FOR OFFICIAL USE ONLY</b>  PERMIT APPLICATION NO <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> SUBMITTED _____ NOTIFIED _____ ZONING _____	<b>TOTAL FEE</b>  BLDG _____ PLRV _____ C.O. ( <input checked="" type="checkbox"/> above ) _____ F.I.F. _____ WTR _____ ARCH _____  WEB                      www.aurora-il.org FAX                         (630) 256-3139 TELEPHONE            (630) 256-3130	 <p style="text-align: center;"><b>DIVISION OF BUILDING &amp; PERMITS</b> 65 WATER STREET AURORA, ILLINOIS 60505</p>
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## LAND / PARCEL INFORMATION

**PROPERTY ADDRESS** \_\_\_\_\_

<b>SUBDIVISION</b> _____	<b>UNIT / PHASE #</b> _____	<b>LOT #</b> _____
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<b>COUNTY</b> <input type="checkbox"/> KANE <input type="checkbox"/> DuPAGE (CHECK ONE) <input type="checkbox"/> KENDALL <input type="checkbox"/> WILL (Call tax assessor's office with questions)	<b>TOWNSHIP</b> 11 12 04 (CIRCLE ONE)    14 15 07 03 01	<b>TOWNSHIP SECTION #</b> _____ If project involves new construction in DuPage County -- Impact Tax must be Paid <b>BLOCK #</b> (if known) _____ <b>LOT#</b> (if known) _____
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**PROPERTY OWNER & CONTACT NAME** \_\_\_\_\_

**OWNERS ADDRESS** \_\_\_\_\_

**PHONE #** (    ) \_\_\_\_\_

**FAX #** (    ) \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**TENANT & CONTACT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** (    ) \_\_\_\_\_

**FAX #** (    ) \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

ZONING INFORMATION				
<b>Zoning</b> (CHECK ONE)	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> PDD
<b>Classification</b>	<input type="checkbox"/> R-4	<input type="checkbox"/> R-4A	<input type="checkbox"/> R-5	<input type="checkbox"/> R-5A
	<input type="checkbox"/> B-1	<input type="checkbox"/> B-2	<input type="checkbox"/> B-3	<input type="checkbox"/> B-B
<input type="checkbox"/> SPECIAL USE (CHECK IF APPLICABLE)	<input type="checkbox"/> M-1	<input type="checkbox"/> M-2	<input type="checkbox"/> O	<input type="checkbox"/> ORI
	<input type="checkbox"/> RD	<input type="checkbox"/> PDD	<input type="checkbox"/> DC	<input type="checkbox"/> DF
	C.O.A. Required			

FLOOD ZONE INFORMATION			
<b>IS YOUR PROPERTY IN A FLOOD PRONE AREA?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Verify with COA Engineering (630) 256-3200

OCCUPANCY CLASSIFICATION	
Existing Use / Occupancy _____	Proposed Use / Occupancy _____
<input type="checkbox"/> Single Occupancy <input type="checkbox"/> w/ Incidental use <input type="checkbox"/> w/ Accessory use <small>&lt; 10% of area &amp; &lt; allowable for Acc.</small>	<input type="checkbox"/> Mixed Occupancy <input type="checkbox"/> non-separated <input type="checkbox"/> separated attach sum of ratios calculation per section

GENERAL DESCRIPTION OF PROPOSED WORK
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**Check all Occupancy Classifications that apply below.**

Assembly	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5
Business, Education, Factory	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	
Hazardous	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5
Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> I-5
Mercantile, Residential	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2		

**TOTAL COST OF IMPROVEMENTS \$** \_\_\_\_\_

**CONTRACTOR REGISTRATION INFORMATION**

**GENERAL CONTRACTOR (Check primary contact) θ**  
 CITY OF AURORA  
 G.C. REGISTRATION # \_\_\_\_\_

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BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

N/A θ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

**MECHANICAL CONTRACTOR (primary contact) θ**  
 CITY OF AURORA  
 HVAC REGISTRATION # \_\_\_\_\_

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BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

N/A θ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

**ELECTRICAL CONTRACTOR (primary contact) θ**  
 CITY OF AURORA  
 ELEC. REGISTRATION # \_\_\_\_\_

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BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

N/A θ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

**ROOFING CONTRACTOR (primary contact) θ**  
 CITY OF AURORA  
 ROOFING REGISTRATION # \_\_\_\_\_

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BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

N/A θ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PLUMBING CONTRACTOR (primary contact) θ**  
 CITY OF AURORA  
 PLUMBING REGISTRATION # \_\_\_\_\_

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BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

N/A θ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

**CERTIFICATION**

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 obviate 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.

**CONTRACTOR** \_\_\_\_\_ **OWNER** \_\_\_\_\_  
 (PRINT) (PRINT)

**CONTRACTOR** \_\_\_\_\_ **OWNER** \_\_\_\_\_  
 (SIGNATURE) (SIGNATURE)

**BUILDING INFORMATION**

<b>CONSTRUCTION TYPE</b>		<b>ALLOWABLE TABULAR AREA</b> _____ s.f.	<b>100 %</b>
<b>EXISTING</b>	CIRCLE ONE 1 2 3 4 5 A B	<b>INCREASE FOR FRONTAGE</b> + _____ s.f.	+ _____ %
<b>NEW</b>	1 2 3 4 5 A B	<b>INCREASE FOR SPRINKLERS</b> + _____ s.f.	+ _____ %
Sprinklers <input type="radio"/> none <input type="radio"/> limited <input type="radio"/> complete		<b>TOTAL ALLOWABLE AREA PER FLOOR</b> _____ s.f.	_____ %
		<b>ACTUAL MAX. TOTAL AREA PER FLOOR</b> _____ s.f.	

Occupants per s.f. _____	<b>TOTAL ALLOWABLE AREA ALL STORIES</b> [allowable s.f. / flr] x [# stories (3max)] = _____ s.f.	<b>ACTUAL AREA ALL STORIES</b> _____ s.f.
Occupancy load _____	<b>ACTUAL BUILDING HEIGHT</b> _____ FT	<b>ALLOWABLE HEIGHT</b> _____ FT
Number of jobs created _____	<b>ACTUAL NUMBER OF STORIES</b> _____	<b>ALLOWABLE # OF STORIES</b> _____

**BUILDING AREA**

[FOR NEW AREA - PERMIT FEES ARE A FUNCTION OF SQUARE FOOTAGE]

SF PRINCIPAL \_\_\_\_\_ SF

SF MEZZANINE \_\_\_\_\_ SF

SF BASEMENT / CRAWL \_\_\_\_\_ SF

**TOTAL** \_\_\_\_\_ SF

**BUILDING COST**

[FOR REMODEL - PERMIT FEES ARE A FUNCTION OF SQUARE FOOTAGE]

**TOTAL** \$ \_\_\_\_\_

**ELECTRICAL INFORMATION**

**ELECTRICAL WORK?**  NO  YES

ELECTRIC SERVICE SIZE \_\_\_\_\_ AMPS

# OF SETS OF SERVICE CONDUCTORS \_\_\_\_\_

SIZES OF SERVICE CONDUCTORS \_\_\_\_\_

# OF ELECTRIC METERS \_\_\_\_\_ SERVICE VOLTAGE \_\_\_\_\_

FIRE PUMP SIZE \_\_\_\_\_ FIRE PUMP VOLTAGE \_\_\_\_\_

**MECHANICAL INFORMATION**

**MECHANICAL WORK?**  NO  YES

TYPE HVAC  RTU  SPLIT SYST  UNIT HTRS

# BTU'S \_\_\_\_\_  A/C  BOILER  EXHAUST

**KITCHEN HOOD**  NO  YES **EXHAUST HOOD**  NO  YES

**PLUMBING INFORMATION**

**PLUMBING WORK?**  NO  YES

DOMESTIC WATER METER SIZE \_\_\_\_\_

DOMESTIC WATER SERVICE SIZE \_\_\_\_\_ " φ

OCCUPANT LOAD PER ILLINOIS PLUMB'G CODE \_\_\_\_\_

PLUMBING FIXTURE UNITS \_\_\_\_\_

TYPE OF BACKFLOW PROTECTION DEVICE \_\_\_\_\_

**FIRE PREVENTION INFORMATION**

**SUPPRESSION SYST. WORK?**  NO  YES

FIRE WATER SERVICE SIZE \_\_\_\_\_ " φ

TYPE OF BACKFLOW PROTECTION DEVICE \_\_\_\_\_

FIRE PUMP?  NO  YES

STANDPIPES?  NO  YES

Exhaust HOOD SUPPRESSION?  NO  YES

**FIRE ALARM SYST. WORK?**  NO  YES

**Fox Metro W.R.D. will need a submittal**

**DETAILED WRITTEN DESCRIPTION OF CONSTRUCTION WORK**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESIGN PROFESSIONALS IN RESPONSIBLE CHARGE -- PER IBC 107.3.4**

<b>LICENSED ARCHITECT / STRUCTURAL ENGINEER</b> ILLINOIS PROFESSIONAL (Check primary contact) <input type="checkbox"/> DESIGN FIRM REG. # _____	<b>CIVIL ENGINEER / PROFESSIONAL ENGINEER</b> (Check if primary contact) <input type="checkbox"/>
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BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

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.

**ARCH or STRUCT or (P.E. for Mech. Elect. Plumb)** (SIGNATURE) \_\_\_\_\_

## **APPLICATION REQUIREMENTS FOR NEW COMMERCIAL CONSTRUCTION**

Applicable Building codes are as follows (City of Aurora – Building Code and Electrical Code Amendments also apply

### **2015 INTERNATIONAL BUILDING CODE and the following:**

2015 International Fire Code	Illinois State Plumbing Code	2015 International Energy Code
2015 International Mechanical Code	2014 National Electric Code	Illinois Accessibility Code

The following items shall constitute a **complete building permit submittal**. Upon submittal acceptance, a permit application number shall be issued to the applicant all future contact with the Building and Permits Division will require this number. At time of submittal, one project contact, shall be identified by the applicant (please check the appropriate party as the “primary contact” on the application form). All correspondence between City of Aurora Division of Building and Permits and the applicant will be directed to this individual.

### **SUBMITTALS TO THE BUILDING AND PERMITS DIVISION ARE INDICATED BELOW. COLLATE YOUR SUBMITTAL INTO THREE SETS (B,C & D).**

- A. Completed Permit application.
- B. Three (3) copies of architectural site plan or civil engineering drawings indicating: all lot lines, building setbacks, existing structures, parking layout, curb cuts, light pole details, grading plan, utility plans and all fire hydrants within 500’ of any property line. (For Zoning, Fire Prevention, and accessibility reviews). Include a Plat of survey and legal description on all parcels, which have not been issued street addresses.
- C. Provide four (4) sets of Illinois Licensed Architect or Illinois Licensed Structural Engineer signed and wet sealed construction documents. Provide two (2) sets of Soils testing results. All seals shall be on the cover sheet with an index of the sheets the stamps apply to.
  - 1. Building Code Information on the cover sheet must contain the following:
    - a. Use Group (Single / Mixed).
    - b. Construction type(s).
    - c. Square footage (Act. / Allow.)
    - d. IBC Occupant Load calculations.
    - e. Design live and dead loads.
    - f. Illinois Plumbing Occ. Load calc.
  - 2. Floor plans indicating the following: Layout of the entire floor plan, indicate all construction materials and all rated assemblies. Indicate all requirements for compliance with the Illinois Accessibility Code.
  - 3. Building sections and wall sections as required, to describe the construction and all rated assemblies.
  - 4. Building Elevations, including all exterior openings, roof heights and footing depths.
  - 5. Structural plans and sections. All pre-Engineered building drawings are to be submitted at the time of application.
  - 6. Complete Plumbing plan with sanitary and supply riser diagrams indicating all required components and sizes.
  - 7. Complete HVAC plans with sized ducts indicating CFM and neck sizes at diffusers. Provide schedules / specifications for all pieces of equipment.
  - 8. Complete Electrical plans with balanced panel schedules, load calculations, and one-line service diagrams indicating all components and sizes.
  - 9. Provide detailed cut sheets for all fire stopping materials / assemblies and methods through fire separation assemblies.

### **SUBMITTALS INDEPENDENT OF THE BUILDING AND PERMITS DIVISION ARE INDICATED BELOW (WITH A - CHECK BOX)**

Submit two (2) complete sets of civil engineering drawings to the City of Aurora Engineering Department, 44 E. Downer Place. Attention Dan Feltman (630)-256-3200. No building permits will be issued without City of Aurora Engineering Department approval and Engineering Department issued street address.

Submit one signed and sealed set of construction documents indicating all plumbing connections (new, existing, and demolished) separately to Fox Metro Water Reclamation District. Engineering (630) 301-6882. After obtaining the ‘YELLOW CARD’ receipt. Return this to the City of Aurora Building and Permits for attachment to permit application. Incorporate engineering pre-review checklist found on Fox Metro Water Reclamation District website @ [www.foxmetro.dst.il.us](http://www.foxmetro.dst.il.us)

The following uses will be required to submit application and receive approval for the following which include, but are not limited to: hotels, restaurants, bars, grocery stores, bakeries, catering/banquet facilities, liquor stores, convenience stores/food marts, amusement/arcades, pool halls, Laundromats. Also every retailer engaged in the sale of any prepared food or drink (except those packaged in a hermetically sealed container), or engaged in the sale of any liquor, packaged or served, is required to register as a food & beverage tax collector. Please contact Division of Revenue & Collections at (630) 256-3560 for more information, or visit [www.aurora-il.org](http://www.aurora-il.org) and click on Finance/Revenue & Collection/Business Licenses for application.

For DuPage County obtain and provide a Roadway Impact Fee receipt for attachment to the permit. Contact the Impact Fee Office in the Department of Economic Planning and Development at (630) 407-6700 (M-F 8-4:30) or on-line at [www.dupageco.org/building](http://www.dupageco.org/building)

For Kane County obtain and provide a Roadway Impact Fee receipt for attachment to the permit. Contact the Impact Fee Office at (630) 584-1171.  
 Any development requiring access to or installation of utilities within a DuPage County roadway or path right-of-way, contact the Highway Permitting Office in the Department of Economic Planning and Development at (630) 407-6700 (M-F 8-4:30) or on-line at [www.dupageco.org/building](http://www.dupageco.org/building)

Submit to applicable county’s health department for all food service and retail food store facilities.

Kane County - (630) 208-3801 Neal Molnar (west side), Vic Mead (east side), Kristin Johnson (north east side)

DuPage County - (630) 682-7979 x 7110 Sara Burton-Zick/ Maria Hayes or [www.dupagehealth.org](http://www.dupagehealth.org)