

COMN – COMMERCIAL NEW CONSTRUCTION - APPLICATION FORM

Completed Project resulting in a Certificate of Occupancy

OR

White envelope for Future Tenant

<p>FOR OFFICIAL USE ONLY</p> <p>PERMIT APPLICATION NO 1 —</p> <p>SUBMITTED _____ / _____ / _____</p> <p>NOTIFIED _____ / _____ / _____</p> <p>ZONING _____</p>	<p>TOTAL FEE</p> <p>_____</p> <p>BLDG _____</p> <p>PLRV _____</p> <p>C.O. (<input checked="" type="checkbox"/> above) _____</p> <p>F.I.F. _____</p> <p>WTR _____</p> <p>ARCH _____</p> <p>WEB www.aurora-il.org</p> <p>FAX (630) 256-3139</p> <p>TELEPHONE (630) 256-3130</p>	 <p>DIVISION OF BUILDING & PERMITS 77 S Broadway AURORA, ILLINOIS 60505</p>
--	---	--

LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

SUBDIVISION _____ **UNIT / PHASE #** _____ **LOT #** _____

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

PROPERTY OWNER & CONTACT NAME _____

OWNERS ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

TENANT & CONTACT NAME _____

ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

ZONING INFORMATION

Zoning (CHECK ONE)	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> PDD
Classification	<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

IS YOUR PROPERTY IN A FLOOD PRONE AREA?

No 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>< 10% of area & < 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

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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

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

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

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

LICENSED ARCHITECT / STRUCTURAL ENGINEER ILLINOIS PROFESSIONAL (Check primary contact) θ DESIGN FIRM REG. # _____	CIVIL ENGINEER / PROFESSIONAL ENGINEER (Check if primary contact) θ
--	---

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, 77 S Broadway. Attention Development Coordinator (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
- 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 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
- 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

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