

**COMR – COMMERCIAL REMODELING CONSTRUCTION - APPLICATION FORM
OR TENANT IMPROVEMENT**

FOR OFFICIAL USE ONLY	TOTAL FEE	
PERMIT APPLICATION NO	_____	
1 —	BLDG _____	
_____	PLRV _____	
SUBMITTED _____	C.O. _____	
_____ / _____ / _____	ARCH _____	
NOTIFIED _____	_____	
_____ / _____ / _____	WEB www.aurora-il.org	
ZONING _____	FAX (630) 256-3139	
_____	TELEPHONE (630) 256-3130	

DIVISION OF BUILDING & PERMITS
65 WATER STREET
AURORA, ILLINOIS 60505

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		
(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"/> DC	<input type="checkbox"/> DF	<input type="checkbox"/> RD	<input type="checkbox"/> PDD
			C.O.A. Required	

FLOOD ZONE INFORMATION

IS YOUR PROPERTY IN A FLOOD PRONE AREA?

No Yes Verify with COA Engineering (630) 256-3200

SPECIFIC WRITTEN DESCRIPTION OF PROPOSED WORK

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
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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		
Storage, Utility	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U		

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 %
CIRCLE ONE		INCREASE FOR FRONTAGE + _____ s.f. + _____	%
ONE		INCREASE FOR SPRINKLERS + _____ s.f. + _____	%
EXISTING 1 2 3 4 5	A B	TOTAL ALLOWABLE AREA PER FLOOR _____ s.f.	%
NEW 1 2 3 4 5	A B	ACTUAL MAX. TOTAL AREA PER FLOOR _____ s.f.	
Sprinklers	<input type="radio"/> none <input type="radio"/> limited <input type="radio"/> complete	TOTAL ALLOWABLE AREA ALL STORIES _____ s.f.	
Fire Alarm	<input type="radio"/> no <input type="radio"/> yes	ACTUAL AREA ALL STORIES _____ s.f.	
Unlimited Area	<input type="radio"/> no <input type="radio"/> yes	[allowable s.f. / flr.] x [# stories (3max)] = _____ s.f.	
Occupants per s.f.	_____	ACTUAL BUILDING HEIGHT _____ FT	ALLOWABLE HEIGHT _____ FT
Occupancy load	_____	ACTUAL NUMBER OF STORIES _____	ALLOWABLE # OF STORIES _____

BUILDING AREA

SF PRINCIPAL _____ SF
 SF REMODELED _____ SF
TOTAL _____ SF

ELECTRICAL INFORMATION

ELECTRICAL WORK? NO YES
 ELECTRIC SERVICE SIZE _____ AMPS EXIST NEW
 # OF SETS OF SERVICE CONDUCTORS _____
 SIZES OF SERVICE CONDUCTORS _____
 # OF EXISTING METERS _____ SERVICE VOLTAGE _____
SERVICE CHANGE? NO YES
 # METERS ADDED _____ # METERS REMOVED _____
 TOTAL # OF METERS _____
 FIRE PUMP SIZE _____ FIRE PUMP VOLTAGE _____
TOTAL ELECTRICAL VALUATION \$ _____

PLUMBING INFORMATION

PLUMBING WORK? NO YES
 DOMESTIC WATER SERVICE EXIST NEW
 DOMESTIC WATER METER SIZE _____
 DOMESTIC WATER SERVICE SIZE _____ " φ
 OCCUPANT LOAD PER ILLINOIS PLUMB'G CODE _____
 PLUMBING FIXTURE UNITS _____
 TYPE OF BACKFLOW PROTECTION DEVICE _____
TOTAL PLUMBING VALUATION \$ _____

MECHANICAL INFORMATION

MECHANICAL WORK? NO YES
 MECHANICAL DUCT WORK EXIST NEW
 TYPE HVAC RTU SPLIT SYST UNIT HTRS
 # BTU'S _____ A/C BOILER EXHAUST
 KITCHEN HOOD NO YES EXHAUST HOOD NO YES
TOTAL MECHANICAL VALUATION \$ _____

FIRE PREVENTION INFORMATION

SUPPRESSION SYST. WORK? NO YES
 FIRE - WATER SERVICE EXIST NEW
 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

BUILDING COST

[FOR REMODEL - PERMIT FEES ARE A FUNCTION OF CONSTRUCTION \$]

PROJECT CONSTRUCTION

VALUATION \$ _____

DESIGN PROFESSIONALS IN CHARGE PER 107.3.4

LICENSED ARCHITECT / STRUCTURAL ENGINEER
 ILLINOIS PROFESSIONAL (Check primary contact) θ

DESIGN FIRM REG. # _____

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.

(SIGNATURE) _____
ARCH or STRUCT or (P.E. for Mech. Elect. Plumb.)

APPLICATION REQUIREMENTS FOR NEW COMMERCIAL REMODELING

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 & PERMITS ARE INDICATED BELOW. COLLATE YOUR SUBMITTAL INTO 2 SETS (B& C).

- A. Completed Permit application.
- B. If a change in use, or if building accessibility is required by the Illinois Accessibility Code;
1. Provide three (3) copies of architectural site plan or civil engineering drawings indicating: all lot lines, building setbacks, existing structures, parking layout (including handicapped parking), curb cuts, and all fire hydrants within 500' of any property line. (For Zoning, Fire Prevention, and accessibility reviews).
- 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 specifications and two (2) sets of structural calculations. 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.
 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.

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

- Submit one signed and sealed set of construction documents indicating all plumbing connections (new, existing, and demolished) separately to Fox Metro Water Reclamation District. Attention 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. **All “shell” build-outs will require a fox metro water reclamation district yellow card.**
- 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

**Note: All Signage requires separate permitting through the Building and Permits Division.
Fire Alarm and Fire Suppression (sprinkler) systems require separate permits.**