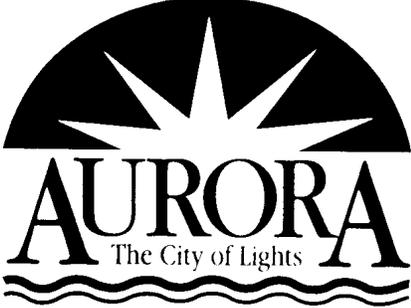


SDEM – COMMERCIAL SELECTIVE INTERIOR DEMOLITION - APPLICATION FORM
 (Application does not include any interior or exterior build-out work)

FOR OFFICIAL USE ONLY	TOTAL FEE	 <p>AURORA The City of Lights</p>
PERMIT APPLICATION NO	_____	
1 —	BLDG _____	
_____	PLRV _____	
SUBMITTED / /	_____	
NOTIFIED / /	_____	
ZONING _____	WEB www.aurora-il.org	DIVISION OF BUILDING & PERMITS 77 S BROADWAY AURORA, ILLINOIS 60505
_____	FAX (630) 256-3139	
_____	TELEPHONE (630) 256-3130	
_____	_____	

LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

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

COUNTY KANE DuPAGE **TOWNSHIP** 11 12 04 **TOWNSHIP SECTION #** _____
 (CHECK ONE) KENDALL 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) R-1 R-2 R-3 PDD
Classification R-4 R-4A R-5 R-5A
 B-1 B-2 B-3 B-B
 M-1 M-2
 O ORI RD PDD
 DC DF C.O.A. Required

OCCUPANCY CLASSIFICATION

Existing Use / Occupancy _____
 Proposed Use / Occupancy _____
 Single Occupancy (302.1) Mixed Occupancy (302.3)
 w/ Incidental use (302.1.1) non-separated
 w/ Accessory use (302.2) separated attach sum of ratios
< 10% of area & < allowable for Acc. calculation per section (504)

Check all Occupancy Classifications that apply below.

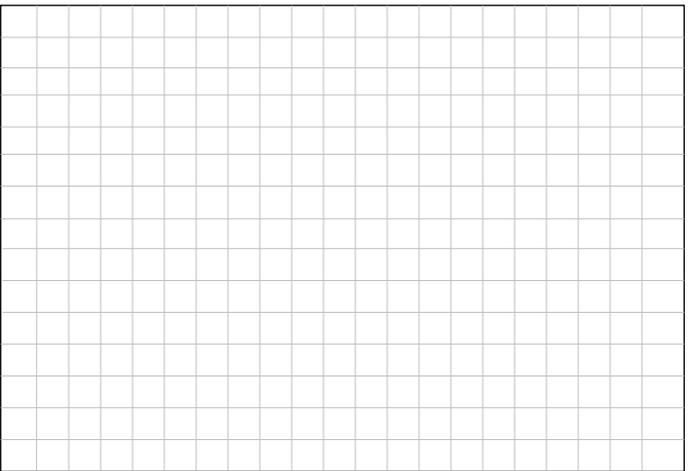
Assembly	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5
Business, Education, Factory	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	
Hazardous	<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 S-1 S-2 U

FLOOD ZONE INFORMATION

IS YOUR PROPERTY IN A FLOOD PRONE AREA?
 No Yes Verify with COA Engineering (630) 256-3200

KEY PLAN – LOCATION WITHIN OVERALL BUILDING



CONTRACTOR REGISTRATION INFORMATION

GENERAL CONTRACTOR (Check primary contact)
CITY OF AURORA
G.C. REGISTRATION # _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

ELECTRICAL CONTRACTOR (primary contact)
CITY OF AURORA
ELECT REGISTRATION # _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

PLUMBING CONTRACTOR (primary contact)
CITY OF AURORA
PLUMBING REGISTRATION # _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE ZIP _____
N/A 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 _____
(PRINT)

CONTRACTOR _____
(SIGNATURE)

OR

OWNER _____
(PRINT)

OWNER _____
(SIGNATURE)

MECHANICAL CONTRACTOR (primary contact)
CITY OF AURORA
HVAC REGISTRATION # _____

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE ZIP _____
N/A PHONE () _____ - _____
FAX () _____ - _____
E-MAIL _____

This sheet is for information only and need not be attached to the permit application submittal.

APPLICATION REQUIREMENTS FOR COMMERCIAL SELECTIVE INTERIOR DEMOLITION

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. Provide three (3) sets of construction documents indicating selective interior demolition work.
 - 1. Floor plans indicating the following: Selective interior demolition work indicating all mechanical, electrical, plumbing, and general construction to be removed and area of work to be performed. No structural work such as removal of columns, floors, bearing walls, etc. will be allowed under this permit.

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.**
- For DuPage County submit to DuPage County Highway Department for payment of Highway Impact Tax. Return paid receipt for attachment to permit application. Contact Geoffrey Edwards (630) 682-7238.
- Submit to applicable county’s health department for all food service and retail food store facilities.
Kane County - (630) 208-3801 Rehma Jonnson (west side), Nereida Ortis (east side), Vic Mead (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 though the Building and Permits Division.
Fire Alarm and Fire Suppression (sprinkler) systems require separate permits.

REVIEW TIME FOR COMPLETE APPLICATION WITH IDENTIFIED CITY OF AURORA REGISTERED CONTRACTORS AND COMPLETE CONSTRUCTION DOCUMENTS IS APPROXIMATELY 1-2 WEEKS. INCOMPLETE APPLICATIONS / DRAWINGS, AND NON-COLLATED / UN-STAPLED DRAWINGS MAY TAKE UP TO TWICE AS LONG. FOR ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THE CITY OF AURORA BUILDING AND PERMITS DIVISION. (630) 256-3130.