

FRSP – COMMERCIAL FIRE SUPPRESSION - APPLICATION FORM

<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>BLDG _____</p> <p>PLRV _____</p> <p>CERT _____</p> <p>ARCHIVING FEE _____</p> <p>APP FEE _____</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 65 WATER STREET AURORA, ILLINOIS 60505</p>
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LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

IS THIS WORK ASSOCIATED WITH OTHER CONSTRUCTION WORK? YES NO
IF YOU ANSWERED YES, PLEASE PROVIDE BUILDING PERMIT NUMBER _____

<p>COUNTY <input type="checkbox"/> KANE <input type="checkbox"/> DuPAGE <input type="checkbox"/> TOWNSHIP 11 12 04</p> <p>(CHECK ONE) <input type="checkbox"/> KENDALL <input type="checkbox"/> WILL (CIRCLE ONE) 14 15 07</p>	<p>TOWNSHIP SECTION # _____</p>	<p>BLOCK # (if known) _____</p>	<p>LOT# (if known) _____</p>
<p>03 01</p>			

PROPERTY OWNER & Contact Name _____

OWNERS ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

TENANT & Contact Name _____

ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

**ZONING INFORMATION
OCCUPANCY CLASSIFICATION**

Existing Use / Occupancy _____

Proposed Use / Occupancy _____

- | | |
|---|--|
| <p><input type="checkbox"/> Single Occupancy (302.1)</p> <p><input type="checkbox"/> w/ Incidental use (302.1.1)</p> <p><input type="checkbox"/> w/ Accessory use (302.2)
<small>< 10% of area & < allowable for Acc.</small></p> | <p><input type="checkbox"/> Mixed Occupancy (302.3)</p> <p><input type="checkbox"/> non-separated</p> <p><input type="checkbox"/> separated attach sum of ratios calculation per section (504)</p> |
|---|--|

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		

PROPOSED WORK

- | | |
|---------------------------------------|---|
| New Sprinkler System | θ |
| Relocate Existing Heads | θ |
| Additional Sprinkler work | θ |
| UL 300 Hood Suppression | θ |
| Clean Agent Suppression System | θ |
| Other _____ | θ |

TOTAL COST OF IMPROVEMENTS \$ _____

CONTRACTOR REGISTRATION INFORMATION

SPRINKLER/SUPPRESSION CONTRACTOR

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 _____~~

BUILDING INFORMATION

CONSTRUCTION TYPE

						CIRCLE ONE
						ONE
EXISTING	1	2	3	4	5	A B
NEW	1	2	3	4	5	A B

ACTUAL BUILDING HEIGHT ___ FT

ACTUAL NUMBER OF STORIES _____

SF PRINCIPAL _____ SF

FIRE PREVENTION INFORMATION

Sprinklers WET DRY
 COMPLETE LIMITED OTHER

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

SUBMITTAL AND INSTALLATION REQUIREMENTS

3 SETS OF PLANS AND 1 SET OF EQUIPMENT SPECIFICATION SHEETS REQUIRED AT TIME OF SUBMITTAL FOR COMPLETE REVIEW ALONG WITH THE APPLICATION FEE.

SPRINKLER SYSTEMS SHALL BE INSTALLED IN ACCORDANCE TO NFPA 13. PER IFC 903.3.1.1 SPRINKLER PLANS SHALL MEET THE REQUIREMENTS OF NFPA 13, 2013 EDITION.

WET CHEMICAL SHALL BE INSTALLED PER NFPA 17A, 2013 EDITION.

DRY CHEMICAL SHALL BE INSTALLED PER NFPA 17, 2013 EDITION.

CARBON DIOXIDE SHALL BE INSTALLED PER NFPA 12, 2011 EDITION.

CLEAN AGENT SYSTEMS SHALL BE INSTALLED PER NFPA 2001; 2015 EDITION.

FOAM SYSTEM SHALL BE INSTALLED PER NFPA 16, 2015 EDITION.

STANDPIPE INSTALLATION MUST MEET REQUIREMENTS OF NFPA 14, 2013 EDITION, PER IFC 905.