

# ELEV – DUMBWAITER, ESCALATOR, ELEVATOR, or LIFT - APPLICATION FORM

NEW UNIT/ S  **OR**  REPAIR OF EXISTING UNIT/ S

<b>FOR OFFICIAL USE ONLY</b>  PERMIT APPLICATION NO <div style="font-size: 2em; font-weight: bold; margin-left: 20px;">1</div> <hr/> SUBMITTED / / NOTIFIED / / ZONING <hr/>	<b>TOTAL FEE</b>  PERMIT _____ PLAN REVIEW _____  WEB            www.aurora-il.org FAX             (630) 256-3139 TELEPHONE (630) 256-3130	  <b>DIVISION OF BUILDING &amp; PERMITS</b> 65 WATER STREET AURORA, ILLINOIS 60505
--	---	--

## LAND / PARCEL INFORMATION

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

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

**PROPERTY OWNER & Contact Name** \_\_\_\_\_

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

**PHONE #** (    ) \_\_\_\_\_

**FAX #** (    ) \_\_\_\_\_

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

**TENANT & Contact Name** \_\_\_\_\_

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

**PHONE #** (    ) \_\_\_\_\_

**FAX #** (    ) \_\_\_\_\_

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

ZONING INFORMATION				
<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 <small>(CHECK IF APPLICABLE)</small>	<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

CONTRACTOR INFORMATION
<b>CITY OF AURORA ELEVATOR CONTRACTOR</b> <b>REGISTRATION #</b> _____ - _____

ELEVATOR / CONVEYING SYSTEM		
<b>DUMBWAITER</b>	<input type="radio"/> NO	<input type="radio"/> YES
<b>ELEVATOR</b>	<input type="radio"/> NO	<input type="radio"/> YES
<b>ESCALATOR</b>	<input type="radio"/> NO	<input type="radio"/> YES
<b>LIFT</b>	<input type="radio"/> NO	<input type="radio"/> YES
<b>OTHER</b>	<input type="radio"/> NO	<input type="radio"/> YES

<b>BUSINESS NAME</b> _____
<b>CONTACT NAME</b> _____
<b>ADDRESS</b> _____
<b>CITY, STATE, ZIP</b> _____
<b>PHONE</b> (    ) _____ - _____
<b>FAX</b> (    ) _____ - _____
<b>E-MAIL</b> _____

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

**BUILDING INFORMATION**

FIRE RATING OF ELEVATOR SHAFT \_\_\_\_\_ HR  
NUMBER OF STORIES IN THIS SHAFT \_\_\_\_\_

FIRE RATING OF MACHINE ROOM \_\_\_\_\_ HR

NUMBER OF STORIES IN ENTIRE BUILDING \_\_\_\_\_  
IF HOISTWAY IS GREATER THAN 3 STORIES:  
A STRETCHER SIZED CAB IS REQUIRED  
HOISTWAY VENTING IS REQUIRED

**PROJECT VALUATION**

TOTAL VALUATION \$ \_\_\_\_\_

**MECHANICAL INFORMATION**

MECHANICAL WORK?  NO  YES

**ELECTRICAL INFORMATION**

ELECTRICAL WORK?  NO  YES

**PLUMBING INFORMATION**

PLUMBING WORK?  NO  YES

**FIRE PREVENTION INFORMATION**

SUPPRESSION SYST. WORK?  NO  YES

FIRE ALARM SYST. WORK?  NO  YES

**DESCRIPTION OF CONSTRUCTION WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION REQUIREMENTS FOR ELEVATOR/LIFT 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
- 2015 International Energy Code
- 2014 National Electric Code
- 2015 International Mechanical Code
- Illinois State Plumbing 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.

- A. Completed Permit application.
- B. Provide three (3) sets of shop drawings stamped by Architect or Professional Engineer.

**Note:** Fire Alarm and Fire Suppression (sprinkler) systems require separate permits.