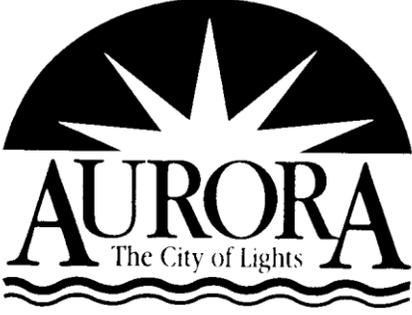


GSTR – COMMERCIAL GREASE TRAP INSTALLATION

FOR OFFICIAL USE ONLY PERMIT APPLICATION NO <div style="font-size: 2em; text-align: center;">1</div> <hr/> SUBMITTED / / NOTIFIED / / ZONING <hr/>	TOTAL FEE <hr/> BLDG _____ PLRV _____ CERT _____ WEB www.aurora-il.org FAX (630) 256-3139 TELEPHONE (630) 256-3130	 <p>DIVISION OF BUILDING & PERMITS 65 WATER STREET AURORA, ILLINOIS 60505</p>
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LAND / PARCEL INFORMATION

PROPERTY ADDRESS _____

SUBDIVISION _____ UNIT / PHASE # _____ LOT # _____

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

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

OWNERS ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

TENANT & Contact Name _____

ADDRESS _____

PHONE # () _____

FAX # () _____

E-MAIL _____

ZONING INFORMATION				
Zoning <small>(CHECK ONE)</small>	θ R-1	θ R-2	θ R-3	θ PDD
Classification	θ R-4	θ R-4A	θ R-5	θ R-5A
	θ B-1	θ B-2	θ B-3	θ B-B
θ SPECIAL USE <small>(CHECK IF APPLICABLE)</small>	θ M-1	θ M-2		
	θ O	θ ORI	θ RD	θ PDD
	θ DC	θ DF	C.O.A. Required	

SPECIFIC WRITTEN DESCRIPTION OF PROPOSED WORK

SUBMITTAL REQUIREMENTS

- If the trap is located outside, a current Plat of Survey indicating location of all work must accompany this form.
- It is the responsibility of the contractor/owner to notify J.U.L.I.E. at (800) 892-0123 to mark any utilities. Please refer to the Aurora Zoning Ordinance for more details.
- 2 sets of installation drawings.

PROJECT INFORMATION

Location of proposed grease trap <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	Is the vent existing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Project Valuation \$ _____

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)