



VILLAGE OF EAST DUNDEE
Building Permit Application
Commercial, Industrial Uses or Multifamily Dwelling Units
Building Department
120 Barrington Ave, East Dundee, IL 60118
Phone: 847-426-2822 Fax: 847-426-2956

DOCUMENTS REQUIRED FOR FILING

1. This application completed through page 3 with Plan Review worksheet.
2. Three complete sets of construction documents (drawings & specifications). Building & Zoning department checklists shall be completed & attached to the documents. Plan review information should be included on the document/drawing cover sheet.
3. For other than interior remodeling projects only, three sets of civil documents for review of street access, paved areas, water service and site drainage by Public Works Department, Water & Sewer division and Village Engineer. Department of Public site plan submittal checklist shall be completed and attached to the documents.

Project Address: _____ PERMIT #: _____
Project Name: _____ Property Code # (P.I.N.): _____
Owner's Name: _____ Phone/Fax #'s: _____
Owner's Address: _____ Zip Code: _____

Are Plumbing, Mechanical, Fire Sprinkler, Electrical, Fire Alarm and Elevator construction documents (if required for project) included in the initial submittal for a Building Permit? Yes No.

Will project construction documents be submitted in phases Yes No if Yes explain: _____

In accordance with Section 106.3.4 of the Building Code, the owner shall designate a design professional in responsible charge for projects where construction documents are to be submitted in phases for all new construction, substantial alterations or where required by the Building Official.

Design Professional in responsible charge: _____ Contact Person: _____

Address: _____ Phone/Fax #'s: _____

Architect/Engineer (Architectural Documents): _____ Phone/Fax #'s _____

Building Contractor: _____ Address: _____

Contact Person: _____ Phone: _____

Plumbing Contractor: _____ Phone #: _____

Mechanical Contractor: _____ Phone #: _____

Sprinkler Contractor: _____ Phone #: _____

Electrical Contractor: _____ Phone #: _____

Fire Alarm Contractor: _____ Phone #: _____

*Will you have discharge other than Domestic Sanitary Waste No ___ Yes ___ Please explain _____

Describe work to be done in **Detail**, also the existing and future use of the facility: _____

Existing use(s): _____ Proposed use(s): _____

Type of Improvement:

- New Construction Addition Relocation Repair/Replacement Temporary Structure
- Foundation Only Alteration Demolition Change of Use: Specify: From: _____ to: _____

Type of Construction: Noncombustible 1A, 1B, 11B, Noncombustible 111A, 111B, Heavy Timber IV, Combustible VA, VB

Structural Frame:

- Steel Concrete/Brick/ Masonry Steel Concrete/Brick/Masonry
- Steel w/fireproof Veneer Concrete/Brick/Masonry Steel Wood Frame/ Siding or
- Heavy Timber Other: _____ Heavy Timber Other: _____

Load Bearing Elements at Exterior Walls:

USE/OCCUPANCY (ies) [Specify all Uses]:

ASSEMBLY: (A)

- Theater (A1)
- Nightclub, Banquet Bar, Restaurant (A2)
- Church, Gym, Indoor Pool, tennis, Library, Museum (A3)

FACTORY:

- Low Hazard (F2)
- Moderate Hazard (F1)

RESIDENTIAL:

- Hotel, Transient Boarding House (R1)
- Multifamily, Non Transient Boarding (R2)
- 1-2 dwelling with accommodations for 5 or less/dwelling (R3)
- Residential Care? Assisted Living for 6-16 residents (R4)

INCIDENTAL USES:

- Furnace
- boiler
- Refrigerant Rooms
- Auto Parking Garage
- Incinerator Room
- Paint Shop
- Lab/Vocational Shop
- >100sf Laundry Room
- >100sf Waste/Linen
- > 100sf Storage Room
- > 13 Padded Cells
- > 100 gal. Lead acid battery f EM, SB or UI power supply

- Viewing of indoor Spectator sports (A4)
- Participation or viewing of outdoor spectator activities (A5)
- Other (A)

HIGH HAZARD:

- Detonation Hazard (H1)
- Deflagration Hazard (H2)
- Support Combustion (H3)
- Health Hazard (H4)
- Hazardous Production Materials (H5)

STORAGE:

- Moderate Hazard (S1)
- Low Hazard (S2)

BUSINESS: (B)

- Education > 12 grade
- Office, Bank, Print shop
- Out patient clinic
- Other

INSTITUTIONAL:

- 24 Hour supervised care w/ more than 16 residents (I1)
- 24 hour Hospital/Nursing (I2)
- 24 hour Child Care w/ more than 5 children under 2 1/2 years old (I2)
- Correctional (I3)
- Other (I):

SPECIAL DETAILED REQUIRMENT OCC:

- Covered Mall
- High Rise
- Atriums Related
- Underground
- Motor vehicle related
- Use Group/Occupancy
- Use/Occupancy (I3)
- Projection Room
- Stages & Platforms
- Special Amusement
- Aircraft
- Combustible Storage
- Hazardous Materials
- Use/Occupancy H
- Application/fimble/finsh
- Organic Coatings

EDUCATIONAL: (E)

- Grades K-12
- Day Care (children over 2 1/2 years old)

MERCANTILE: (M)

- Drug, Department store
- Motor vehicle service

MIXED USE SEPERATION OPTION: Separated w/ fire barrier walls & horizontal assemblies per 302.3.3

Non-separated per 302.3.2 Separate buildings w/ fire wall per

705

MIXED USE NOTES:

FIRE SUPPRESSION SYSTEM: Full Partial # of heads None

if partial specify where:

FLOOR AREAS:

Total Existing Floor Area: _____ sq.ft.

Addition (s): _____ sq.ft.

Remodeled: _____ sq.ft.

Total largest floor area: _____ sq.ft.

FIRE AREA SEPARARIONS:

705 Fire Walls (allow building collapse w/o collapse of wall)

706 & 710 Fire Barriers & Horizontal exit assemblies

TOTAL BUILDING AREA ON ALL FLOORS: _____ sq.ft. Mean height of highest roof from mean grade: _____ ft.

"footprint" of largest floor

Number of stories above grade: _____

Width: _____ ft. Length _____ ft. Basement? Yes No

Plan Review	421000	_____			
Value of Building	421000	_____	Value of Plumbing	421000	_____
Value of Electrical	421000	_____	Value of HVAC	421000	_____
Fire Department	222001	60.00	Occupancy	421000	100.00

Total Value _____

APPLICANT'S CERTIFICATE

As owner or authorized agent of the project for which this application is being filed, I hereby certify:

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Building Department and;
3. The project, if permit is granted, will comply with all requirements of applicable Village Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the released documents [drawings and specifications] and applicable codes and ordinances of the Village of East Dundee and;
5. Any changes to the released documents will be filed with the Village of East Dundee Building Department and; another application will be submitted at such time as the described use may change.
6. No error or omission in either the documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the ordinance of this Village relating there to.
7. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as his/her:

ARCHITECT ENGINEER CONTRACTOR AGENT/OTHER

APPLICANT MUST COMPLETE* ONE*OF THE APPROPRIATE SECTIONS BELOW:

As applicant other than the owner:

As owner:

(Name of applicant if other than owner) typed or printed

(Name of owner) typed or printed

(Title) (Phone #)

(Phone #)

(Street address of applicant other than owner)

(Street address of owner)

(City, State, Zip)

(City, State, Zip)

X _____
(Signature of applicant other than owner) (Date)

X _____
(Signature of owner as applicant) (Date)

Building Official

For Office Use Only: Received: _____ Amount _____ Check # _____ Cash _____ Date Paid _____

APPENDIX A

Building and Code Consultants, Inc.
4616 W. Main Street
West Dundee, Il 60118
224-484-4394

1. Fees for commercial and multi-family plan examination including new base buildings, build-outs, alterations and remodeling:
 - a. Up to 60,000 cubic feet in area: \$350.00
 - b. 60,001 to 80,000 cubic feet in area: \$400.00
 - c. 80,001 to 100,000 cubic feet in area: \$450.00
 - d. 100,001 to 200,000 cubic feet in area: \$600.00
 - e. Over 200,001 cubic feet in area: \$650.00 plus \$7.50 per 10,000 cubic feet over 200,001 cubic feet
 - f. The electrical, mechanical and Illinois Accessibility Code review fee is 0.5 times the base review fee.
2. Plumbing Code plan review fee: \$200.00 plus \$3.00 per plumbing fixture
3. Plumbing Code inspection fee: \$55.00 per inspection