

APPLICATION FOR BUILDING PERMIT

Date Received by Regional Office of Education _____

Regional Office of Education Assigned Application Number _____

DISTRICT NAME	COUNTY
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FACILITY NAME	FACILITY LOCATION
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- Property is owned by the district Property **not** owned by district (Attach Authorization by owner)

PROJECT SCOPE

COST AND FINANCING

- Less Than \$50,000 but involves like activity
- More than \$50,000
- Less than 15% of replacement cost
- More than 15% of replacement cost but less than 50% of replacement cost
- More than 50% of replacement cost
- Fire Prevention and Safety Financing involved

PROJECT NUMBER: _____

TOTAL ESTIMATED COST: \$ _____

ESTIMATED COMPLETION DATE: _____

SOURCE OF ALL FUNDS: _____

TOTAL SQUARE FOOTAGE: _____

AREA AFFECTED:

- New area more than 7200 square feet (Sprinklers req.)
- New standalone building with 50+ Group E occupants (Storm Shelter req.)
- Addition increasing existing square footage by 50% or more (Storm Shelter req.)
- Less than 50% of existing area
- More than 50% of existing area (Sprinklers req.)

FOR HEALTH/LIFE SAFETY FUNDING (5¢ LEVY OR BONDS) INDICATE:

Amendment number: # _____

Item(s): # _____

CATEGORIES OF WORK INVOLVED

- | | | |
|--|---|--|
| <input type="checkbox"/> New building construction | <input type="checkbox"/> Energy conservation | <input type="checkbox"/> Site work |
| <input type="checkbox"/> School building addition | <input type="checkbox"/> Mechanical (HVAC) work | <input type="checkbox"/> Sprinkler system installation |
| <input type="checkbox"/> Asbestos abatement | <input type="checkbox"/> Paving | <input type="checkbox"/> Structural work |
| <input type="checkbox"/> Accessibility (ADA) | <input type="checkbox"/> Plumbing work | <input type="checkbox"/> Telephone systems (E-911) |
| <input type="checkbox"/> Electrical work | <input type="checkbox"/> Security system | <input type="checkbox"/> Other: _____ |

PROJECT DOCUMENTS (Attach two copies of all construction documents)

CONSTRUCTION DOCUMENTS ATTACHED	DATE SUBMITTED
<i>Drawings</i>	
<i>Specifications</i>	
<i>Plan Review Statements</i>	
<i>Confirmation of Plan Review Records</i>	

ARCHITECT

We hereby certify that this application accurately describes the work to be performed and that, upon approval, all work will be completed to the best of our knowledge in compliance with the Health/Life Safety Code, Sprinkler Code 5/22-23, local zoning code and any other applicable Illinois or Federal laws or regulations. We understand that a permit for construction of an elevator must be sought separately through the Office of the State Fire Marshal.

(Seal)

License Number _____ Expiration Date _____

Name and Signature of Architect/Engineer

Name of Firm Phone Number

SCHOOL DISTRICT

The Board of Education does hereby approve and adopt said plans and specifications for submission to the Regional Superintendent for review and issuance of a building permit. The Board of Education is aware that local county and/or municipality zoning requirements may apply.

Date Signature of President, Board of Education

Date Signature of District Superintendent

The above Application for Building Permit is hereby accepted as submitted. An Application of Occupancy Permit and the **final inspection** are required for the Certificate of Occupancy, and **must be scheduled prior to occupancy of building.**

Date Signature of Regional Superintendent