

# APPLICATION FOR BUILDING PERMIT

Date Received by Regional Office of Education \_\_\_\_\_

Regional Office of Education Assigned Application Number \_\_\_\_\_

DISTRICT NAME \_\_\_\_\_

COUNTY \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

FACILITY LOCATION \_\_\_\_\_

☐ 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

*Drawings**Specifications**Plan Review Statements**Confirmation of Plan Review Records*

## Illinois Licensed Design Professional

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.

Date "Contract for Design" was signed by all parties \_\_\_\_\_

This Project is being built under the \_\_\_\_\_ IBC

(Seal)

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name and Signature of Design Professional \_\_\_\_\_

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 \_\_\_\_\_

# PLAN REVIEW STATEMENTS

A. **Phase I Environmental Study** was conducted on \_\_\_\_\_ as required (or voluntary Illinois Environmental Protection Act [415 ILCS 5/58.16].

B. **Permit** was obtained from IDNR for **Floodway Construction** on \_\_\_\_\_ [615 ILCS 5]

C. Illinois **Historic Preservation** Agency was notified on \_\_\_\_\_ to allow for the identification of any historical significance related to the project.[20 ILCS 3420/4]

D. **Asbestos Notification** was submitted to IDPH on \_\_\_\_\_ [77 Ill. Adm. Code 855.35]

E. **Sprinkler** Installation Requirements [105 ILCS 5/22-23]

- ☐ 1. New area **less than 7200 SF** within any period of 30 months (sprinkler installation not required, but shall be protected with fire detection system)
- ☐ 2. New area **more than 7200 SF** within any period of 30 months (sprinkler installation required)
- ☐ 3. "Alteration" to **less than 50% of existing** area within any period of 30 months (sprinkler installation not required, but shall have fire detection system).
- ☐ 4. "Alteration" to **more than 50% of existing** area within any period of 30 months (sprinkler installation required).

F. **Radon Resistant Construction Techniques** in accordance with [105 ILCS 5/10-20.48] were certified as being used for this project.

G. Illinois **Accessibility** Code Requirements [71 Ill. Adm. Code 400.510]

- ☐ 1. **Less than 15% of the reproduction cost.** The element or space being altered shall comply with applicable requirements for new construction.
- ☐ 2. Alteration costs **more than 15% but less than 50% of reproduction cost and less than \$100,000.** The following shall comply with applicable requirements for new construction: 1) the element or space being altered; and 2) an entrance and means of egress for use by general public.
- ☐ 3. Alterations **more than 15% but less than 50%** of reproduction cost, **and more than \$100,000.** The following shall comply with the applicable requirements for new construction: 1) the element or space being altered; 2) an entrance and means of egress intended for use by the general public; 3) all spaces and elements necessary to provide horizontal and vertical accessible routes between an accessible entrance and means of egress and the element or space being altered. 4) at least one accessible toilet room for each sex or a unisex toilet, when permitted, if toilets are provided or required; 5) accessible parking spaces, where parking is provided; and 6) an accessible route from public sidewalks or from the accessible parking spaces, if provided, to an accessible entrance.
- ☐ 4. Alteration costs **50% or more** of reproduction cost. The entire facility shall comply with applicable requirements for new construction.

## IBPVS Plan Review Statement

**Current OSFM Boiler and Pressure Vessel Safety Rules (41 Ill. Admin. Code 120) as of January 1, 2025**

Construction Documents dated, \_\_\_\_\_, as they relate to the scope of services agreed upon between \_\_\_\_\_ (design professional) and \_\_\_\_\_ (school district) for the \_\_\_\_\_ (project) were reviewed by me and were found to be in compliance with the relevant requirements of the boiler and pressure vessel code listed above.

☐ NOT APPLICABLE \_\_\_\_\_ (initial)

\_\_\_\_\_  
Design Professional Name

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Design Professional Signature

\_\_\_\_\_  
Date

(Seal)

## IPC Plan Review Statement

**Current Illinois Plumbing Code (77 Ill. Admin. Code 890) as of January 1, 2025**

Construction Documents dated, \_\_\_\_\_, as they relate to the scope of services agreed upon between \_\_\_\_\_ (design professional) and \_\_\_\_\_ (school district) for the \_\_\_\_\_ (project) were reviewed by me and were found to be in compliance with the relevant requirements of the plumbing code listed above.

☐ NOT APPLICABLE \_\_\_\_\_ (initial)

\_\_\_\_\_  
Design Professional Name

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Design Professional Signature

\_\_\_\_\_  
Date

(Seal)

# CONFIRMATION OF PLAN REVIEW RECORDS

☐ 2024 International Building Code Plan Review Records

| Plan Reviewer Name                                                                                             | Approval to Proceed Date | A/E or Qualified Plan Reviewer Signature | ISBE ID Number or A/E License Number |
|----------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|--------------------------------------|
|                                                                                                                |                          |                                          |                                      |
| Comments: <div style="text-align: right;"> <input type="checkbox"/> NOT APPLICABLE<br/> _____ (initial) </div> |                          |                                          |                                      |

☐ Current Electrical Code Plan Review Records

| Plan Reviewer Name                                                                                             | Approval to Proceed Date | A/E or Qualified Plan Reviewer Signature | ISBE ID Number or A/E License Number |
|----------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|--------------------------------------|
|                                                                                                                |                          |                                          |                                      |
| Comments: <div style="text-align: right;"> <input type="checkbox"/> NOT APPLICABLE<br/> _____ (initial) </div> |                          |                                          |                                      |

☐ 2024 International Energy Conservation Code Plan Review Records

| Plan Reviewer Name                                                                                             | Approval to Proceed Date | A/E or Qualified Plan Reviewer Signature | ISBE ID Number or A/E License Number |
|----------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|--------------------------------------|
|                                                                                                                |                          |                                          |                                      |
| Comments: <div style="text-align: right;"> <input type="checkbox"/> NOT APPLICABLE<br/> _____ (initial) </div> |                          |                                          |                                      |

☐ 2024 International Fire Code Plan Review Records

| Plan Reviewer Name                                                                                             | Approval to Proceed Date | A/E or Qualified Plan Reviewer Signature | ISBE ID Number or A/E License Number |
|----------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|--------------------------------------|
|                                                                                                                |                          |                                          |                                      |
| Comments: <div style="text-align: right;"> <input type="checkbox"/> NOT APPLICABLE<br/> _____ (initial) </div> |                          |                                          |                                      |

☐ 2024 International Mechanical and Fuel Gas Code Plan Review Records

| Plan Reviewer Name                                                                                             | Approval to Proceed Date | A/E or Qualified Plan Reviewer Signature | ISBE ID Number or A/E License Number |
|----------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|--------------------------------------|
|                                                                                                                |                          |                                          |                                      |
| Comments: <div style="text-align: right;"> <input type="checkbox"/> NOT APPLICABLE<br/> _____ (initial) </div> |                          |                                          |                                      |