

Commercial / Industrial / Multi-Family New Construction or Addition Permit Application



Village of Shorewood Building Department
One Towne Center Blvd, Shorewood, IL
Phone (815)553-2310 Fax (815)744-6766

SUBMISSION CHECKLIST - Complete application and attach the following:

1. Architectural/Site Plan/Landscaping Approval (Planning & Zoning Commission); Troy Fire Marshal approval of Site
2. (6) complete sets Architectural/Site Plan/Landscaping, Civil Engineering combined with Construction Drawings/MEP's sealed/signed/dated by Design Professionals.
3. (3) sets Structural Calcs, Elevator Drawings, Specifications and any other supporting documents.
4. (3) sets Illinois Energy Conservation Code Design Calculations (COMcheck).
5. Electronic - Please send electronic copies of all submittals, initial and each revision to permits@vil.shorewood.il.us
6. Plumbing Letter of Intent - Per IL Plumbing Code, signed and sealed or notarized.
7. Fire Sprinkler and Fire Alarm Approval (Troy Fire Protection District).
8. Commercial Kitchen Hood/Duct Approval (Will County Health Department).
9. Construction Submittals: Soils Test, Test & Balance, Special Inspections and As-Built Grading, as applicable.

APPLICANT INSTRUCTIONS: Please submit pages 1-4 of this form with all attachments, as listed above. Incomplete submissions will NOT be accepted. Please allow a minimum of fifteen (15) business days for completion of first plan review and ten (10) business days for subsequent plan reviews. Applicant is responsible for payment of all permit fees, including consultant plan review and inspection fees.

PROPERTY INFORMATION

Street Address		
Subdivision	Lot Number	Parcel Identification Number (PIN)

OWNER INFORMATION

Property Owner Name		Phone	
Street Address	City	State	Zip

DESIGN PROFESSIONAL(S) AND CONTRACTOR INFORMATION

Applicant Name - Primary Contact	Email	Phone
Architect Name	Email	Phone
Civil Engineer Name	Email	Phone
General Contractor (Company Name)	Email (Superintendent)	Phone

CERTIFICATION: I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record, and I have been authorized to make this application as his or her authorized agent. I agree to conform to all applicable building codes, inspection requirements, laws and ordinances of this jurisdiction. In addition, upon issuance of the building permit, I certify that the code official or his authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT NAME)	DATE
SUPERINTENDENT SIGNATURE	SUPERINTENDENT NAME (PRINT NAME)	DATE

BUILDING INFORMATION

USE AND OCCUPANCY CLASSIFICATION

ASSEMBLY: <input type="checkbox"/> A-1 _____ <input type="checkbox"/> A-2 _____ <input type="checkbox"/> A-3 _____ <input type="checkbox"/> A-4 _____ <input type="checkbox"/> A-5 _____ <input type="checkbox"/> BUSINESS: _____ EDUCATIONAL: <input type="checkbox"/> GRADE 1-12 _____ <input type="checkbox"/> DAY CARE _____ FACTORY: <input type="checkbox"/> F-1 _____ <input type="checkbox"/> F-2 _____ HIGH HAZARD: <input type="checkbox"/> _____ _____	INSTITUTIONAL: <input type="checkbox"/> I-1 _____ <input type="checkbox"/> I-2 _____ <input type="checkbox"/> I-3 _____ <input type="checkbox"/> I-4 _____ <input type="checkbox"/> MERCANTILE: _____ RESIDENTIAL: <input type="checkbox"/> R-1 _____ <input type="checkbox"/> R-2 _____ <input type="checkbox"/> R-3 _____ <input type="checkbox"/> R-4 _____ STORAGE: <input type="checkbox"/> S-1 _____ <input type="checkbox"/> S-2 _____	UTILITY AND MISC.: <input type="checkbox"/> CARPORT _____ <input type="checkbox"/> GARAGE _____ <input type="checkbox"/> PUBLIC _____ <input type="checkbox"/> OTHER _____
--	--	---

CONSTRUCTION CLASSIFICATION

Type A B Type II: A B Type III: A B Type IV: (Heavy) Type V: A B

Structural Frame: _____ Exterior Walls: _____

<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other - Identify: _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other - Identify: _____
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	_____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	_____

Are any **structural assemblies** fabricated off-site? YES NO

OTHER BUILDING INFORMATION

Lot Width/Frontage (Feet)	Enclosed Parking (Number)	Dormitory (Sq Ft)	
Front Setback (Feet)	Outside Parking (Number)	Exercise Room (Sq Ft)	
Rear Setback (Feet)	Elevators/ Escalators (Number)	Group H-5 Fabrication/Manuf. Area (Sq Ft)	
Left Setback (Feet)	Building Area Total (Sq Ft)	Industrial (Sq Ft)	
Right Setback (Feet)	Accessory Storage/Equipment Rm (Sq Ft)	Institutional (Sq Ft)	
Total Building Height Above Grade (Ft)	Assembly (Sq Ft)	Kitchen (Sq Ft)	
Stories (Number)	Assembly Fixed Seats (Sq Ft)	Mercantile (Sq Ft)	
Lot Area (Sq Ft)	Assembly without Fixed Seats (Sq Ft)	Residential (Sq Ft)	
Parking Area (Sq Ft)	Business (Sq Ft)	Warehouse (Sq Ft)	
Garage Area (Sq Ft)	Day Care (Sq Ft)	Other Space (Sq Ft):	
			Building Value \$: _____

ELECTRICAL INFORMATION

Total Service _____ AMPS	Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE	Number of Service Outlets: _____ 110V _____ 220V			
POWER DEVICES	No.	OUTPUT/LOAD	POWER DEVICES	No.	OUTPUT/LOAD
1				7	
2				8	
3				9	
4				10	
5					
6			Total Number of Motors		
Utility Service Revisions:					

PLUMBING INFORMATION

Enter the Number of Fixtures Being Installed and calculate WATER SERVICE FIXTURE UNIT (WSFU) TOTAL							
Tubs/showers	x		Drinking Fountains	x		Water Pumps	x
Shower Stalls	x		Floor Drains	x		Roof Openings	x
Lavatories	x		Water Heaters	x		Parking Lot Drains	x
Toilets	x		Water Softeners	x		Inside Downspouts	x
Urinals	x		Sewage Ejectors	x		Swimming Pools	x
Sinks	x		Sump Pumps	x		Standpipes	x
Laundry Tubs	x		Grease Traps	x		Fire Sprinklers	x
Dishwashers	x		Bidets	x		Lawn Sprinklers	x
Garbage Disposals	x		Backflow Preventers	x		Other	x
						Total WSFU:	
WATER SERVICE TO BUILDING:							
Water Service Size _____ IN. House Water Meter Size _____ IN. SERVICE SIZED PER (WSFU) CALCULATION.							
WATER SERVICE TO UNITS:							
Branch Building Service To: _____ Units Water Service Size (per Unit) _____ IN. Water Meter Size (per Unit) _____ IN.							
SANITARY SEWER SERVICE:							
Sewer Service Size _____ IN. Population Equivalent (PE) _____							
Population Equivalent (PE) defined as the use of one hundred (100) gallons per day water/sewer service. Non-residential units minimum of three (3) PE.							
If N/A, then ATTACH copy of City of Joliet service size approval or Will County Health Department approval for well and/or septic							

MECHANICAL INFORMATION

Enter Number of New Units and Provide Specifications					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Gas Pipe Service Size?					
Supply/Return Locations?					
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other					

OTHER

NOTE: If not shown on the submitted plans and specs, the exterior and/or additional work will require a separate permit.	
Concrete Pad?	
Fence?	
Garbage Enclosure?	
Irrigation Sytem?	

