

Residential New Construction Permit Application

Village of Shorewood Building Services Department
One Towne Center Blvd., Shorewood, IL 60404
Phone (815)553-2310 Fax (815)744-6766



APPLICATION SUBMITTALS REQUIRED: Complete this application and attach the following:

- ___ 1. (2) sets Construction Plans, sealed/signed by Design Professional per IL Architecture Practice Act.
- ___ 2. (2) Permit Plats - Plat of Survey with Proposed Grading Plan. See page 6 for requirements.
- ___ 3. (1) set IL Energy Conservation Code (IECC) Calculations - REM/Rate, REScheck, etc. including Manual J/D/S
- ___ 4. Plumbing Letter of Intent, signed and sealed or notarized, per Illinois Plumbing License Act.
- ___ 5. Damage Bond \$5,000.00 - Signed, original Infrastructure Surety Bond (lot specific).
- ___ 6. * Building Plan Review and Zoning Plan Review Fees: \$400.00 total
- ___ 7. Homeowners Association Plan Review Approval Letter (if applicable).
- ___ 8. Will County Health Department Plan Review Approval for well and/or septic (if applicable).
* Payments accepted: cash, check made out to Village of Shorewood or credit card (service fee applies).

DEFERRED SUBMITTALS REQUIRED: Soils Test, Foundation Spot Survey, Blower Door or Air Leakage Report, Plumbing Stack Test Results, As-Built Grading, Construction Completion Cash Bonds (see Residential Inspection handout).

APPLICANT INSTRUCTIONS: Submit pages 1-8 of this form with attachments above. Incomplete submissions NOT accepted. Please allow two weeks minimum for completion of first plan review and a minimum of one week 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 and PRIMARY CONTACT Name	Email	Phone
Architect Name	Email	Phone
Engineer Name	Email	Phone
General Contractor/Superintendent Name	Email	Phone
SUBCONTRACTORS - COMPLETE AND ATTACH LIST ON PAGE 4		

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/PRIMARY CONTACT SIGNATURE	PRINT APPLICANT/PRIMARY CONTACT NAME	DATE
SUPERINTENDENT SIGNATURE	PRINT SUPERINTENDENT NAME	DATE

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BUILDING INFORMATION

MODEL (or Custom Home)	RESIDENTIAL BUILDING PROPOSED USE: <input type="checkbox"/> SINGLE FAMILY _____ <input type="checkbox"/> TWO FAMILY _____ <input type="checkbox"/> TOWNHOME _____ <input type="checkbox"/> CONDO _____ <input type="checkbox"/> GROUP HOME _____																		
MODEL ELEVATION																			
* LIVING AREA OPTIONS: ONLY options increasing living area <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">OPTION:</td> <td style="width: 50%; text-align: right;">SQ FT</td> </tr> <tr> <td><i>ie: Optional Sunroom</i></td> <td style="text-align: right;"><i>ie: 250</i></td> </tr> <tr><td>_____</td><td style="text-align: right;">_____</td></tr> <tr><td>_____</td><td style="text-align: right;">_____</td></tr> <tr><td>_____</td><td style="text-align: right;">_____</td></tr> <tr><td>_____</td><td style="text-align: right;">_____</td></tr> <tr><td>_____</td><td style="text-align: right;">_____</td></tr> <tr><td>_____</td><td style="text-align: right;">_____</td></tr> </table>				OPTION:	SQ FT	<i>ie: Optional Sunroom</i>	<i>ie: 250</i>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
OPTION:				SQ FT															
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_____	_____																		
_____	_____																		
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_____	_____																		
_____	_____																		
Structural Frame (check applicable) <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Other: _____ <input type="checkbox"/> Masonry <input type="checkbox"/> Wood _____ Structural assemblies fabricated off-site? Y/N _____ If YES, attach truss drawings and/or other applicable drawings/specs	Exterior Walls (check applicable) <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other: _____ <input type="checkbox"/> Masonry <input type="checkbox"/> Wood _____																		
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq Ft)																	
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq Ft)																	
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq Ft)																	
Left Setback (Feet)	Partial Baths (Number)	* Living Area (Sq Ft) Including Options																	
Right Setback (Feet)	Garages (Number)	Basement Area (Sq Ft)																	
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq Ft)																	
New Residential Units (Number)	Fireplaces (Number)																		
Existing Residential Units (Number)	Enclosed Parking (Number)																		
Elevators / Escalators (Number)	Outside Parking (Number)																		
Est. Start Date	Est. Finish Date	Building Est. Value \$																	

ELECTRICAL INFORMATION

Enter the Number of Devices and Answer Service Questions									
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD		
1			7						
2			8						
3			9						
4			10						
5									
6				Total Number of Motors					
Total Service		AMPS	Number of Circuits	2 WIRE	3 WIRE	4 WIRE	Number of Service Outlets	110V	220V

PLUMBING INFORMATION

Toilets ____ x 3 units		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Total WSFU</th> <th style="text-align: left; border-bottom: 1px solid black;">DOMESTIC SERVICE LINE - METER SIZE</th> <th style="text-align: left; border-bottom: 1px solid black;">METER SPREAD</th> </tr> </thead> <tbody> <tr> <td>Less than 25</td> <td>1 INCH service line - 1 INCH meter</td> <td>17 INCH</td> </tr> <tr> <td>26-30</td> <td>1 INCH service line - 1 INCH meter</td> <td>17 INCH</td> </tr> <tr> <td>34-59</td> <td>1-1/2 INCH service line - 1 INCH meter</td> <td>17 INCH</td> </tr> <tr> <td>60-99</td> <td>1-1/2 INCH service line - 1-1/2 INCH meter</td> <td>13 INCH</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">THE WATER PIPING SYSTEM FOR THE HOUSE SHOULD BE SIZED ACCORDING TO THE WATER SERVICE FIXTURE UNIT (WSFU) CALCULATION.</p>	Total WSFU	DOMESTIC SERVICE LINE - METER SIZE	METER SPREAD	Less than 25	1 INCH service line - 1 INCH meter	17 INCH	26-30	1 INCH service line - 1 INCH meter	17 INCH	34-59	1-1/2 INCH service line - 1 INCH meter	17 INCH	60-99	1-1/2 INCH service line - 1-1/2 INCH meter	13 INCH	
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Lavatories ____ x 1 unit																		
Bathubs ____ x 2 units																		
Shower Stalls ____ x 2 units																		
Kitchen Sinks ____ x 2 units																		
Laundry Tray ____ x 3 units																		
Dishwashers ____ x 1 unit																		
Washing Machines ____ x 2 units																		
Other ____ x ____ units																		
Total WSFU :																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Public Water:</td> <td style="width: 10%; text-align: center;">Yes / No</td> <td style="width: 15%;">Water Service Size:</td> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">INCH</td> <td style="width: 15%;">Water Meter Size:</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">INCH</td> </tr> <tr> <td>Public Sewer:</td> <td style="text-align: center;">Yes / No</td> <td colspan="6" style="font-size: small;">(IF NO, then ATTACH copy of Will County Health Department approval for water well and/or septic)</td> </tr> </table>			Public Water:	Yes / No	Water Service Size:		INCH	Water Meter Size:		INCH	Public Sewer:	Yes / No	(IF NO, then ATTACH copy of Will County Health Department approval for water well and/or septic)					
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Public Sewer:	Yes / No	(IF NO, then ATTACH copy of Will County Health Department approval for water well and/or septic)																

MECHANICAL AND ENERGY CODE INFORMATION

Enter Number of New Units, Indicate if Specifications are Attached or will be Provided, and Answer the Questions							
Gas Furnace	# units:		<input type="checkbox"/>	Specifications ATTACHED to application	<input type="checkbox"/>	Specifications provided prior to inspection	
Electric Furnace	# units:		<input type="checkbox"/>	Specifications ATTACHED to application	<input type="checkbox"/>	Specifications provided prior to inspection	
Solid Fuel Appliance	# units:		<input type="checkbox"/>	Specifications ATTACHED to application	<input type="checkbox"/>	Specifications provided prior to inspection	
Air Conditioner	# units:		<input type="checkbox"/>	Specifications ATTACHED to application	<input type="checkbox"/>	Specifications provided prior to inspection	
Radiant Heat	# units:		<input type="checkbox"/>	Specifications ATTACHED to application	<input type="checkbox"/>	Specifications provided prior to inspection	
Other:	# units:		<input type="checkbox"/>	Specifications ATTACHED to application	<input type="checkbox"/>	Specifications provided prior to inspection	
Whole House Mechanical System: Check method			<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	Balance	
Range Hood Exhaust over 400 cfm?: Circle answer			Yes / No (NOTE: If YES, then fresh air intake/makeup air required)				
Gas Pipe Service Size: Indicate size							
Illinois Energy Code (IECC): Check method			<input type="checkbox"/>	Prescriptive (SHOW on building plans)	<input type="checkbox"/>	Performance (ATTACH cales)	

OTHER INFORMATION

NOTE: If not shown on the submitted plans and specs, the exterior and/or additional work will require a separate permit.		
Deck?		
Exterior Gas Piping?		
Exterior Radiant Heating?		
Finished Basement?		
Generator?		
Patio?		
Photovoltaic Panels?		
Elevator?		

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SUBCONTRACTOR INFORMATION			
All Contractors must obtain a Contractor's Registration and SHOREWOOD REGISTRATION NUMBERS Must Be Listed			
Street Address: _____			
Subdivision and Lot Number: _____			
LIST ALL SUBCONTRACTORS:			
	TYPE OF CONTACTOR	FULL COMPANY NAME	PHONE NO. SHOREWOOD REG. #
1	GENERAL		
2	ASPHALT PAVING		
3	CARPENTRY		
4	CONCRETE		
5	DRYWALL		
6	ELECTRICAL		
7	EXCAVATION		
8	GUTTERS		
9	HVAC		
10	INSULATION		
11	LANDSCAPING		
12	MASONRY		
13	* PLUMBING		
14	ROOFING		
15	ROUGH CARPENTRY		
16	SEWER		
17	* WATER		
18	SIDING		
19	STEEL ERECTION BASEMENT		
20			
21			
22			
23			
24			
25			

*** ILLINOIS STATE LICENSE AND PLUMBING LETTER OF INTENT REQUIRED**

SUBMITTAL REQUIREMENT:

The General Contractor is responsible for consolidating and submitting Contractor Registration Applications, attachments and fees for ALL Subcontractors, and is required to submit them prior to application or with the Residential New Construction Permit Application. Permit will not be issued until all contractors are registered.

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Residential Top of Foundation Agreement

Street Address _____
Subdivision and Lot No. _____

I, (print name) _____ the _____
top of foundation wall to the following elevation as required by the approved Subdivision
Grading Plan, dated _____, 20____.

Required Top of Foundation Elevation: _____

A Foundation Spot Survey from an engineering firm indicating the elevation of the foundation wall needs to be submitted to the Building Inspector for review. This plat of survey is required to be submitted before framing begins on the house.

If the spot survey is not received prior to the onset of framing, a Stop Work Order may be issued. If the foundation wall is not in conformance, it may be necessary to remove the wall at the builder's or property owner's expense.

Any violation of this agreement will result in a Stop Work Order being placed on this structure and necessitate the removal of the non-conforming walls and foundation at the builder's or property owner's expense.

Signature _____
Name (Print) _____
Address _____
City, State Zip _____
Telephone _____
Date _____

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Residential New Construction Permit Application
Permit Plat/Proposed Grading Plan Agreement

Street Address _____
Subdivision and Lot No. _____

___ 1. (2) sets Construction Plans, sealed/signed per IL Architecture Practice Act.

- Clearly label the plat as "Permit Plat".
- Provide date of Permit Plat preparation.
- Provide legal description and common address for property.
- Provide a clear Legend describing all applicable attributes noted.
- Provide Title and Page reference of approved subdivision plans used for proposed elevations and application.
- Provide date, signature and seal by Professional Land Surveyor per State requirements.
- Provide proposed distance between house corners and front, side and rear property lines.
- Provide TF elevations (matching approved subdivision plans).
- Provide proposed or existing TF of adjacent properties.
- Provide proposed elevations at the locations provided in the approved subdivision plans.
- Provide grades and dimensions of drainage swales, including clear identification of any proposed 100-year overflow routes.
- Provide proposed driveway slopes and side/rear yard slopes.
- Provide proposed elevations of all utility manholes/structure rims on and within 15 feet of the property.
- Show locations of utility equipment (pedestals, street lights, fire hydrants, sanitary service cleanout, b-box, etc.) on and within 15 feet of property.
- Show location of water service and sanitary service.
- Show driveway handing (must not conflict with existing manholes, water service line or b-box).
- Show easements, building setback lines and right-of-way.
- Show Floodplains with Identified Floodways.
- Identify existing or proposed Septic Field location(s).
- Identify existing or proposed Water Well location(s).
- Identify existing trees, on or adjacent to property lines.

I, (print name) _____, the undersigned, being the (check all that apply):
do hereby agree that I am responsible for the Permit Plat/Proposed Grading Plan of the above described lot. I agree to meet the requirements of the approved Grading Plan (As-Built Subdivision Grading Plan) as set forth by the Village of Shorewood or the subdivision developer's specifications. I also certify that the Permit Plat/Grading Plan shall meet the requirements as detailed above.

Signature _____	_____ Applicant
Name (Print) _____	_____ Owner
Address _____	_____ Contract Purchaser
City, State Zip _____	_____ Developer
Telephone _____	
Date _____	

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As-Built Grading Responsibility Agreement

Street Address _____
Subdivision and Lot No. _____

As-Built Grading Plan Requirements:

Clearly label the plat as "As-Built Grading Plan".

Provide common address for property.

Provide Date of Field Survey.

Provide surveyor certification/seal.

Provide statement certifying that final grading was complete and topsoil was in place at time of survey.

Show all easements, setbacks, etc.

Provide locations of all property corner pins (where pins cannot be found, they must be reset and surveyed).

Provide measurements of distance between house corners and adjacent property lines.

Provide as-built and approved permit plat elevations at the locations provided in the approved subdivision plans.

Provide as-built and approved permit plat TF elevations.

Provide as-built driveway slopes and side/rear yard slopes; provide as-built elevations and dimensions sufficient to substantiate slopes.

Provide as-built and approved permit plat elevations of all utility manhole/structure rims on and within 15-feet of the property.

Provide grades and dimension of drainage swales, including clear identification of any 100-year overflow routes, for both as-built condition and per the approved permit plat.

Show locations of utility equipment (pedestals, street lights, fire hydrants, sanitary service cleanout, b-box, etc.) on and within 15-feet of the property.

I, (print name) _____, the undersigned, being the (check all that apply):
do hereby agree that I am responsible for the final grading of the above described lot. I agree to grade to the overall approved Grading Plan (As-Built Subdivision Grading Plan) as set forth by the Village of Shorewood or the subdivision developer's specifications. I will provide the final grading survey by a surveyor prior to a final inspection or deposit with the Village a sum of money in cash, check or money order which the building inspector may deem sufficient in amount to complete the construction of said building or the installation of required facilities therein. I also certify that the As-Built plan shall meet the requirements as detailed above.

Signature	_____	_____	Applicant
Name (Print)	_____	_____	Owner
Address	_____	_____	Contract Purchaser
City, State Zip	_____	_____	Developer
Telephone	_____		
Date	_____		

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Surveyor's Final As-Built Grading Checklist

(To be completed by Surveyor and submitted with (2) copies of As-Built Final Survey)

Street Address _____

Subdivision and Lot No. _____

Compliant	Not Compliant	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clearly label the plat as "As-Built Grading Plan".
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide common address for property.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide Date of Field Survey.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide Benchmark information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide surveyor certification/seal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide statement certifying that final grading was complete and topsoil was in place at time of survey.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Show all easements, setbacks, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide locations of all property corner pins (where pins cannot be found, they must be reset and surveyed).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide measurements of distance between house corners and adjacent property lines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide as-built and approved permit plat elevations at the locations provided in the approved subdivision plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide as-built and approved permit plat TF elevations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide as-built driveway slopes and side/rear yard slopes; provide as-built elevations and dimensions sufficient to substantiate slopes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide as-built and approved permit plat elevations of all utility manhole/structure rims on and within 15-feet of the property.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide grades and dimension of drainage swales, including clear identification of any 100-year overflow routes, for both as-built condition and per the approved permit plat.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Show locations of utility equipment (pedestals, street lights, fire hydrants, sanitary service cleanout, b-box, etc.) on and within 15-feet of the property.

ILLINOIS LICENSED SURVEYOR

Signature _____

Name (Print) _____

Address _____

City, State Zip _____

Telephone _____

Date _____