

# 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
- Less than 50% of existing area
- More than 50% of existing area (sprinkle entire area per 105 ILCS 5/22-23)

### 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>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 and the Sprinkler Code 5/22, 23 in accordance with this application and all applicable laws and regulations.

(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.

Date	Signature of District Superintendent
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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
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