



**BUILDING DEPARTMENT**  
**120 BARRINGTON AVENUE**  
**EAST DUNDEE, IL. 60118**  
**PHONE: 847-426-2822**  
**FAX: 847-426-2956**

**VILLAGE OF EAST DUNDEE**  
**Building Permit Application**  
**Commercial, Industrial Uses or Multifamily Dwelling Units**

**DOCUMENTS REQUIRED FOR FILING**

1. This application completed through page 3 with Plan Review worksheet.
2. Two complete sets of construction documents (drawings & specifications). Building & Zoning department checklists shall be completed & attached to the documents. Plan review information should be included on the document/drawing cover sheet.
3. For other than interior remodeling projects only, three sets of civil documents for review of street access, paved areas, water service and site drainage by Public Works Department, Water & Sewer division and Village Engineer. Department of Public site plan submittal checklist shall be completed and attached to the documents.

Project Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Name: \_\_\_\_\_ Property Code # (P.I.N.): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are Plumbing, Mechanical, Fire Sprinkler, Electrical, Fire Alarm and Elevator construction documents (if required for project) included in the initial submittal for a Building Permit? [ ] Yes [ ] No.

Will project construction documents be submitted in phases [ ] Yes [ ] No if Yes explain: \_\_\_\_\_

In accordance with Section 106.3.4 of the Building Code, the owner shall designate a design professional in responsible charge for projects where construction documents are to be submitted in phases for all new construction, substantial alterations or where required by the Building Official.

Design Professional in responsible charge: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Architect/Engineer (Architectural Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Architect/Engineer (Structural Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

A/E (Pre-engineered Building Component Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Architect/Engineer (Plumbing Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Architect/Engineering (Mechanical/HVAC Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Architect/Engineer (Fire Sprinkler Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Architect/Engineer (Fire Alarm Documents): \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Building Contractor: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone/Fax #'s: \_\_\_\_\_

Value of Building Permit: \_\_\_\_\_

Value of Plumbing Permit: \_\_\_\_\_

Value of Electrical Permit: \_\_\_\_\_

Value of Alarm Permit: \_\_\_\_\_

Value of Sprinkler Permit: \_\_\_\_\_

Value of HVAC Permit: \_\_\_\_\_

**Total Value:** \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Sprinkler Contractor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fire Alarm Contractor: \_\_\_\_\_

Phone #: \_\_\_\_\_

\*Will you have discharge other than Domestic Sanitary Waste No \_\_\_\_ Yes \_\_\_\_

Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe work to be done in **Detail**, also the existing and future use of the facility: \_\_\_\_\_

Existing use(s): \_\_\_\_\_ Proposed use(s): \_\_\_\_\_

**Type of Improvement:**

- New Construction  Addition  Relocation  Repair/Replacement  Temporary Structure
 Foundation Only  Alteration  Demolition  Change of Use: Specify: From: \_\_\_\_\_ to: \_\_\_\_\_

**Type of Construction:** Noncombustible 1A, 1B, 11B, Noncombustible 111A, 111B, Heavy Timber IV, Combustible VA, VB

- Structural Frame:  Steel  Concrete/Brick/ Masonry  Steel  Concrete/Brick/Masonry
 Steel w/fireproof  Concrete/Brick/Masonry  Steel  Wood Frame/ Siding or Veneer
 Heavy Timber  Other: \_\_\_\_\_  Heavy Timber  Other: \_\_\_\_\_

**USE/OCCUPANCY (ies) [Specify all Uses]:**

**ASSEMBLY: (A)**

- Theater (A1)
 Nightclub, Banquet Bar, Restaurant (A2)
 Church, Gym, Indoor Pool, tennis, Library, Museum (A3)
 Viewing of indoor Spectator sports (A4)
 Participation or viewing of outdoor spectator activities (A5)
 Other (A)

**FACTORY:**

- Low Hazard (F2)
 Moderate Hazard (F1)
**HIGH HAZARD:**
 Detonation Hazard (H1)
 Deflagration Hazard (H2)
 Support Combustion (H3)
 Health Hazard (H4)
 Hazardous Production Materials (H5)

**RESIDENTIAL:**

- Hotel, Transient Boarding House (R1)
 Multifamily, Non Transient Boarding (R2)
 1-2 dwelling with accommodations for 5 or less/dwelling (R3)
 Residential Care? Assisted Living for 6-16 residents (R4)

**INCIDENTAL USES:**

- Furnace
 boiler
 Refrigerant Rooms
 Auto Parking Garage
 Incinerator Room
 Paint Shop
 Lab/Vocational Shop
 >100sf Laundry Room
 >100sf Waste/Linen
 > 100sf Storage Room
 > 13 Padded Cells
 > 100 gal. Lead acid battery for EM, SB or UI power supply

**BUSINESS: (B)**

- Education > 12 grade
 Office, Bank, Print shop
 Out patient clinic
 Other

**INSTITUTIONAL:**

- 24 Hour supervised care w/ more than 16 residents (I1)
 24 hour Hospital/Nursing (I2)
 24 hour Child Care w/ more than 5 children under 2 1/2 years old (I2)
 Correctional (I3)
 Other (I):

**STORAGE:**

- Moderate Hazard (S1)
 Low Hazard (S2)

**SPECIAL DETAILED REQUIRMENT**

**OCC:**

- Covered Mall  Stages & Platforms
 High Rise  Special Amusement
 Atriums  Aircraft Related
 Underground  Combustible Storage
 Motor vehicle related  Hazardous Materials
 Use Group/Occupancy  Use/Occupancy H
 Use/Occupancy (I3)  Application/fimble/finsh
 Projection Room  Organic Coatings

**EDUCATIONAL: (E)**

- Grades K-12
 Day Care (children over 2 1/2 years old)

**MERCANTILE: (M)**

- Drug, Department store
 Motor vehicle service

**MIXED USE SEPERATION OPTION:**  Separated w/ fire barrier walls & horizontal assemblies per 302.3.3
 Non-separated per 302.3.2  Separate buildings w/ fire wall per 705

**MIXED USE NOTES:**

**FIRE SUPPRESSION SYSTEM:**  Full  Partial # of heads  None

if partial specify where:

**FLOOR AREAS:**

**Total Existing Floor Area:** \_\_\_\_\_ sq.ft.  705 Fire Walls (allow building collapse w/o collapse of wall)

Addition (s): \_\_\_\_\_ sq.ft.  706 & 710 Fire Barriers & Horizontal exit assemblies

Remodeled: \_\_\_\_\_ sq.ft.

Total largest floor area: \_\_\_\_\_ sq.ft.

**TOTAL BUILDING AREA ON ALL FLOORS:** \_\_\_\_\_sq.ft. Mean height of highest roof from mean grade: \_\_\_\_\_ft.

"footprint" of largest floor

Number of stories above grade: \_\_\_\_\_

Width: \_\_\_\_\_ft. Length \_\_\_\_\_ft. Basement?  Yes  No

Commercial Building Permit

**APPLICANT’S CERTIFICATE**

As owner or authorized agent of the project for which this application is being filed, I hereby certify:

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Building Department and;
3. The project, if permit is granted, will comply with all requirements of applicable Village Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the released documents [ drawings and specifications] and applicable codes and ordinances of the Village of East Dundee and;
5. Any changes to the released documents will be filed with the Village of East Dundee Building Department and; another application will be submitted at such time as the described use may change.
6. No error or omission in either the documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the ordinance of this Village relating thereto.
7. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as his/her:

[ ] ARCHITECT [ ] ENGINEER [ ] CONTRACTOR [ ] AGENT/OTHER

**APPLICANT MUST COMPLETE\* ONE\*OF THE APPROPRIATE SECTIONS BELOW:**

**As applicant other than the owner:**

**As owner:**

\_\_\_\_\_  
(Name of applicant if other than owner) typed or printed

\_\_\_\_\_  
(Name of owner) typed or printed

\_\_\_\_\_  
(Title) (Phone #)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Street address of applicant other than owner)

\_\_\_\_\_  
(Street address of owner)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

**X** \_\_\_\_\_  
(Signature of applicant other than owner) (Date)

**X** \_\_\_\_\_  
(Signature of owner as applicant) (Date)