



COMMERCIAL & MULTI-FAMILY BUILDING PERMIT APPLICATION PACKET

Please read the attached material. **Plan Review Comment Form must be submitted prior to plan review.** Page #4 of the permit policy to be COMPLETED and returned with documents for building permit application. Also, the following documents from this packet must be returned for a commercial or multi-family building permit application:

- * Plan Review Comment Form
- * Application for Plan Examination and Building Permit
- * Full site plan of entire property (See requirements in packet)
- * Finished grading water drainage plan
- * Erosion Control Plan
- * Specification (Truss) Sheet
- * Utility Transformer Fault Current Form (*if service over 400 amperes*)
- * Plan/Plat Review Summarization
- * Four (4) Sets of Plans (signed & sealed)
- * Landscape Plans & Application for Landscape Review
- * **Fire & Life Safety Review Packet (to be reviewed by Edwardsville Fire Dept.
(questions call 618-692-7540)**



PLAN REVIEW COMMENT FORM

City Issued Project #:

Please complete all required fields to help us respond to your Permit Application efficiently.

PROJECT NAME:		
PROJECT ADDRESS:		
PARCEL ID:		
DATE OF SUBMITTAL:		
REVIEW TYPE:	<input type="checkbox"/> Initial Review <input type="checkbox"/> Re-submittal Review (Version: _____) <input type="checkbox"/> Final Review <input type="checkbox"/> Other: _____	
DESCRIPTION OF PROJECT – Please briefly describe the scope of the project:		

Type of Plan Being Submitted (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Site Development Plan | <input type="checkbox"/> Subdivision Plan |
| <input type="checkbox"/> Building Permit Plan | <input type="checkbox"/> Stormwater / Drainage Plan |
| <input type="checkbox"/> Zoning Review | <input type="checkbox"/> Fire Department Review |
| <input type="checkbox"/> Other (please specify): _____ | |

OWNER INFORMATION

NAME		
ADDRESS		
CITY, STATE, ZIP		
EMAIL ADDRESS		<input type="checkbox"/> Preferred Method of Contact
PHONE NUMBER		<input type="checkbox"/> Preferred Method of Contact

GENERAL CONTRACTOR / PROJECT MANAGER (IF APPLICABLE)

NAME		
ADDRESS		
CITY, STATE, ZIP		
EMAIL ADDRESS		<input type="checkbox"/> Preferred Method of Contact
PHONE NUMBER		<input type="checkbox"/> Preferred Method of Contact



PLAN REVIEW COMMENT FORM

City Issued Project #:

Plan Review Comments for Review and Resubmittal should be sent to:

NAME	COMPANY	EMAIL ADDRESS

QUESTIONS OR ADDITIONAL COMMENTS:

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Applicant Acknowledgment

I, the undersigned, acknowledge that Plan Review comments may require revisions to be addressed in subsequent submittals or prior to permit issuance/construction.

Owner/Applicant Signature	
General Contractor Signature	

NO WORK NOTICE

With the exception of Erosion Control and marking of property lines, building stakes, easements and utilities

ABSOLUTELY

No work may begin until a Permit is issued and has been paid.

No removal of vegetation.

No grading work.

No stock piling or bringing in dirt.

No digging or excavation for post holes, footing, or foundations.

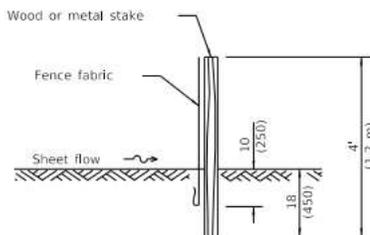
Pre Permit Site Inspection & Required Erosion Control

Following permit application submittal, the applicant must meet on site with the Building Inspector to go over Pre-Permit Erosion Control installation requirements, discuss easements, storm water drainage, site grading, rock driveways, retaining walls, and other site issues.

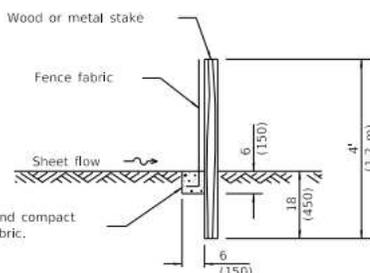
Pre-Permit Erosion Control must be installed and approved before the Permit will be issued. All remaining required Erosion Control and rock driveway must be installed immediately after the foundation is completed and as directed otherwise.

All Erosion Control must be maintained at all times until sod is installed and/or vegetation has grown back (not just seed and straw placed). Violations will result in immediate Stop Work Order and possible citation.

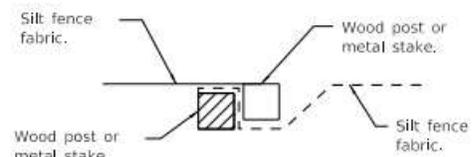
Proper Silt Fence Installation



SLICE METHOD

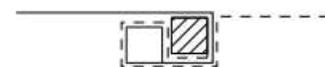


TRENCH METHOD



Place end-post (stake) of first silt fence adjacent to end-post (stake) of second silt fence with fabric positioned as shown.

STEP 1



Rotate posts (stakes) together 180° clockwise and drive both posts (stakes) 18 (450) into ground.

STEP 2

ATTACHING TWO SILT FILTER FENCES

(Not applicable for J-hooks)

Permit Submittal Checklist



City of Edwardsville Building Permit Checklist

Address: _____

Applicant: _____

****FURNISH COMPLETE HARD COPIES OF INFORMATION BELOW TO BE ACCEPTED****

All Permits	Building Permit Application	Site Drainage / Erosion Control Plan	
	Signed Building Permit Policies	Flood Elevation Certificate	
	3 Sets of Prints (Residential) 4 Sets of Prints (Commercial)	Backflow Survey	

(Must Select One Method)

(Must Select One Method)

Residential	New Construction	A. Prescriptive Method Submit: Signed ResCheck, Prescriptive OR Edwardsville Specification Sheet for See Notes 1 and 2		Commercial	New Construction	A. Prescriptive Method Submit: Signed ComCheck, Prescriptive See Notes 1 and 5	
		B. Rescheck Trade Off Method Submit: Signed ResCheck, Trade Off See Notes 1 and 3				B. ComCheck Trade Off Method Submit: Signed ComCheck, Trade Off See Notes 1 and 6	
		C. Performance Method Submit: Signed RemRate including the Building Summary Report, Energy Code Inspection Checklist Report, Air Leakage Report, and 2012 Illinois Energy Conservation Code Report See Notes 1 and 4				C. Performance Method Submittal: Method must be approved by Authority Having Jurisdiction (AHJ). See Notes 1 and 7	
	Alterations/ Additions	D. Prescriptive Method Submit: Signed ResCheck, Prescriptive OR Edwardsville Specification Sheet See Notes 1 and 2			Alterations/ Additions	D. Prescriptive Method Submit: Signed ComCheck, Prescriptive See Notes 1 and 5	
	Include with All Energy Code Plans	Manual J, S, and D			Include with All Energy Code Plans	Heat Load Calculations (HVAC Work)	
		IECC Ventilation Form (New construction - also indication location on plans.)				EPA Survey	
		Slab Edge Insulation Form (if applicable)				Plan / Plat Review Summary	
		Circulation Hot Water System (indicate or note on plans)				Zoning Certificate	
		Hot Water Piping Insulation Required in Prescriptive and Circulation Method. Indicate on plans.					

Application Taken by: _____

Date: _____

Permit Submittal Checklist

Information Below Must be Complete for Submittal to be Accepted

The permit process has become more complicated with the inclusion of the Illinois Energy Code (State Law) and the Energy Conservation Code (IECC) requirements.

In order to create a more energy efficient scientifically engineered building, different disciplines of engineering (building orientation, HVAC systems, insulation selection, fenestration, framing, building tightness, etc.) need to be coordinated.

This will require a **Responsible Party** to coordinate all disciplines of the design into a working unit and to submit this coordinated design for permit plan review.

The coordination requirements change depending on the Energy Code Compliance Method selected and the type of project being built.

There are 3 – Energy Code Compliance Methods consisting of Performance (RemRate), ResCheck (Trade Off), Prescriptive (signed ResCheck or Edwardsville Specification Sheet).

Performance (RemRate – Energy Code Compliance Method) submittal may sometime be enhanced By Owner's choice to provide additional model energy code compliance methods such as HERS, ENERGY STAR, etc. These additional model energy code compliance methods will sometimes have Third Party credits or rebates.

There are 3-Residential building project types consisting of Residential New Construction, Residential Additions, and Residential Alterations. Some Residential projects may have more than one type for the building project. These Residential building project types must comply with IECC compliance rules.

There are 3-Commercial building project types consisting of Commercial New Construction, Commercial Additions, and Commercial Alterations. Some commercial projects may have more than one type for the building project. These commercial building project types must comply with IECC compliance rules or ASHREA 901 rules.

The Responsible Party's proper path selection and coordination are essential to the efficiency and duration of the Plan Review / Permit application process and ultimately **YOUR** Project Schedule.

NOTES:

1. **RESPONSIBLE PARTY to COORDINATE, REVIEW, and APPROVE TOTAL SUBMITTAL PRIOR TO SUBMITTING.**
Inputs to include: orientation, square footage, linear footage, above grade 2X? wall cavities, below grade wall 2X? cavities insulation locations, below grade concrete walls insulation values, fenestration (window) U-Factor and SHGC, Door (opaque) Uo-Value etc.
2. Coordinate all inputs on Prescriptive Method submittal, Manual J, and plans.
3. Coordinate all inputs on ResCheck Trade Off Method submittal, Manual J, and plans.
4. Coordinate all inputs on Performance Method submittal, Manual J, and plans.
5. Coordinate all inputs on Prescriptive Method submittal, Heat Load calculations, and plans.
6. Coordinate all inputs on ResCheck Trade Off Method submittal, Heat Load calculations, and plans.
7. Coordinate all inputs on Performance Method submittal, Heat Load calculations, and plans.

COMMERCIAL / MULTI-FAMILY BUILDING PERMIT POLICY FOR NEW CONSTRUCTION, ADDITIONS, and REMODELS

Business Hours:

Our workday is 8:00 a.m. – 4:30 p.m. Monday through Friday, except City Holidays.

Permit Application, Fees and Plans:

Please include four (4) sets of plans (*1/4 “per foot scale” minimum*) with the building permit application submitted for approval. One approved set of plans will be returned to you and must be maintained at the job site. Inspections will not be made unless approved plans are available at the job site. With the exception of one and two-family dwellings, plans must be signed and sealed by a licensed Illinois architect or structural engineer. *Food establishments must submit one (1) set of plans to the Madison county Health Dept. for plan review. Please contact the Environmental Health Division at 618-296-6079.*

Plan Review:

We endeavor to complete your plan review as quickly as possible. Plans are reviewed for compliance with the following adopted codes:

International Building Code – 2021 Edition
International Fire Code – 2021 Edition
NFPA 101 Life Safety Code
Illinois State Plumbing Code (NOTE: Plumber must be Illinois State Licensed)
National Electrical Code – 2020 Edition
International Mechanical Code – 2021
International Property Maintenance Code – 2021 Edition
Illinois Energy Code / International Energy Conservation Code
Americans with Disabilities Act
Illinois Accessibility Code
City Land Development Code & Zoning Ordinance

Typical review times are as follows:

Multi-family 14 to 21 working days
Commercial 14 to 21 working days
Sprinkler systems (*I.C.C. review*) 21 to 30 days from submittal

If during plan review, additional information is requested or the required information is incomplete, the review time is suspended until the requested information is submitted and logged in at the Department of Public Works.

Building Permit Required:

Please remember, no construction work may begin, including excavation, footing, or foundation, until a building permit is issued. Construction without a building permit is a violation and subject to a fine of not more than \$750.00 for each day the violation occurs. *Commercial and multi-family construction projects require submittal of a plumbing plan showing the layout and spacing of fixtures, size, material and location of all storm sewers, drains, solid waste, vent and water supply piping. Plans may be prepared by a licensed plumber or architect.*

An issued building permit becomes invalid if the work is not commenced within 90 days after issuance of the permit or if the work is abandoned for 180 days after the time of commencing work. Building permits expire one year from the date of issuance. Extension of time not to exceed 90 days may be granted if there is reasonable cause.

The building permit card *MUST* be posted, protected from the weather and visible from the street before an inspection will be made. Failure to post the permit card will result in a failed inspection, and a \$25.00 re-inspection fee will be assessed.

Sprinkler System Review:

All sprinkler reviews are sent to I.C.C. (International Code Council). Review fees will be billed to the permit applicant at the I.C.C. rate. The minimum fee is typically \$600.00 for a small commercial or multi-family system. Larger system fees are based upon the number of sprinkler heads in the system.

Site & Drainage Plan Required:

A site plan must accompany each new construction or addition building permit showing to scale, size and location of all new construction and all existing structure on the site, distance from lot lines, all utility easements, underground and overland drainage way locations and grades, the established street grades, proposed finished floor, garage floor and basement opening grades. The site and drainage plan must be drawn in accordance with an accurate boundary line and topographic survey.

Erosion Control Barrier and Rocked Driveways Required:

Tracked or washed mud on City streets or sidewalks create a safety hazard and subjects the permittee to suspension of the building permit by written Stop Work Order delivered to the permittee or to the person performing the work. Delivery may include service at the job site or via fax and mailing to the permittee. The Stop Work Order will remain in effect until all mud is removed from public property and required soil barriers are established. Ref: City Ordinance 5172-6-99, Division 2 of the Land Development Code, Article III, Sub-Paragraph 9 and Article VI Paragraph B3 of the Codified City Ordinances Chapter 1444.03 Rocked Driveways.

Dumpster and Sanitary Facilities Required:

Each new building construction site must have an on-site dumpster to contain all construction debris generated by the construction activity on said site, and all debris from each building site shall be placed in the dumpster by the end of each workday. Each new building site must also provide a toilet and hand-washing facility to use by the construction workers. Failure to maintain these items throughout the construction project may subject the permit holder to failing a building or site work inspection. Burning or burying trash on the site is strictly prohibited. Ref: City Ordinance 144.02 and 1444.04.

Inspection Scheduling:

With the exception of plumbing inspections, same day inspections, subject to availability, may be requested by calling us at 618-692-7535 before 9:30 a.m. Monday through Friday. *Plumbing Inspections* may be arranged by calling the above numbers before 2:00 p.m. Monday through Friday. Plumbing inspections are currently performed in the evenings. (NOTE: An Illinois licensed plumbing contractor is required for plumbing work – a copy of their license is required to be on file)

See Fire & Life Safety Packet attached for inspection fees and scheduling with the Edwardsville Fire Department.

Inspection Fees:

The building permit fee includes an initial inspection and one re-inspection of all required inspections during the construction phase. Additional re-inspections beyond the first per phase may be charged to the permittee at the rate of \$25.00 for each subsequent inspection. A paid receipt must be presented at the Dept. of Public Works before further re-inspections will be made.

Occupancy Permit Required:

A Certificate of Occupancy indicating completion of work shall be obtained prior to any occupancy of a structure. Effective May 1, 2000, it is necessary to provide evidence of an Occupancy Permit in order to change the water service for new construction over from the builder's name to a new occupancy. Occupancy Permits are issued upon satisfactory completion of all City required inspections.

City Inspections Required: (a sheet giving a full description of each inspection can be provided by City staff upon request)

Building: Footing, Foundation Steel, Foundation Drain, Sill Plate, Vapor Barrier, Framing, Drywall, Final.

Electrical: Underground, Rough-In, Service, Final.

Plumbing: Underground, Rough-In, Final

Site Work: Erosion Control, Sewer Tap-On, Site Drainage, Sidewalks, Plantings.

Fire Dept: Final. (This is required on all commercial and multi-family construction and remodeling.

We thank you for taking the time to read all of the attached information. We hope it helps your building project progress smoothly. Please read and sign below. This sheet is to be returned along with your building permit packet submittal.

I have read the building permit policies for the City of Edwardsville, and I understand that I am responsible for full compliance with all of the codes, policies and inspection requirements. I agree to provide copies of the information to all sub-contractors and material suppliers and to make sure that they are aware of these codes, policies and inspections.

I understand that I am subject to an immediate “Stop Work Order” and Municipal Citation if my sub-contractors or I do not comply with these codes, policies and inspections.

The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the performance of construction including home owner association board approval.

Date: _____

Permitee Signature

Permitee Name (Printed)

Construction Information:

Street Address

Project 9-1-1 Address

City, State, Zip Code

Lot & Subdivision

Daytime/Cell Phone # (Where we can reach you)

Email Address (Please print clearly)

DEMOLITION, REMODELING OR ALTERATION REQUIREMENTS

Asbestos Inspection Report Required

State and Federal regulations require an asbestos inspection of all commercial and public buildings that are considering remodeling, alteration or demolition work. The inspection and testing must be performed by and “asbestos inspector licensed in the State of Illinois”.

The City of Edwardsville will not issue a building permit nor allow any demolition work until the “required asbestos inspection” of the proposed area of remodeling, alteration or demolition is completed, and a copy of the Illinois licensed inspector’s report is given to the Building Official.

Filing State Asbestos Project Notification Forms:

It is the responsibility of the owner/contractor to file with the Illinois Environmental Protection Agency (I.E.P.A. – 217/785-2011) or Illinois Department of Public Health (I.D.P.H. – 217/782-3517) a “State of Illinois Demolition/Renovation/Asbestos Project Notification Form” as applicable (see attached).

Basic Regulatory Tips:

- All commercial and public buildings that are considering remodeling or demolition must have an asbestos inspection by a licensed professional and file an Asbestos Notification Form with IDPH and IEPA and/or Cook County addressing asbestos concerns prior to any work being started (even if asbestos is not present).
- If removal of asbestos containing materials is deemed necessary by the licensed inspector, all removal must be conducted by a licensed abatement professional.
- A property that was formerly used for a commercial or public use or that will be used for a commercial or public use must follow the asbestos regulations (ex. warehouses remodeled into apartments or a residence being demolished for a church parking lot).
- All properties being burned for firefighter training must be inspected, notifications filed and all asbestos removed by a licensed professional prior to the training exercise.
- Residential properties under 4 units are not subject to the asbestos regulations (unless being renovated or demolished for commercial or public use), however, the risks remain and owners and contractors may be cited for causing harm to the environment for mishandling asbestos containing materials. Inspection and notification requirements do not apply. Use of a licensed abatement professional is not required but is strongly recommended.

Illinois Licensed Asbestos Inspectors

You may obtain Illinois Licensed Asbestos Inspectors/Consultants in the local telephone directory or the Illinois E.P.A. website: <http://www.epa.state.il.us/air/asbestos>

Illinois Licensed Asbestos Removal Contractors

You may obtain Illinois Licensed Asbestos Removal Contractors in the local telephone directory or the Illinois E.P.A. website: <http://www.epa.state.il.us/air/asbestos>

See attached notification forms and other E.P.A. notices.

(This information is in no way all inclusive and is meant to provide a general understanding of the statutory and regulatory requirements governing the management of asbestos. The information is not intended to replace, limit or expand upon the complete statutory and regulatory requirements of the Illinois Environmental Protection Act or Commercial and Public Building Asbestos Abatement Act)



Madison County Government
Health Department

Toni M. Corona · Director Public Health
101 East Edwardsville Road · Wood River, IL 62095-1332
Phone: (618) 692-8954 · Faxes: Admin (618) 296-7011
Health Protection (618) 692-8905 · Nursing (618) 251-9482

Memorandum

To: City, Municipality and Township Officials

From: Erin Boester, M.P.H., L.E.H.P. 
Health Protection Division Director

Date: April 12, 2021

Subject: Permit Contact Information

This memo is to inform you that all food service establishments and body art establishments operating in Madison County are required to have an operating permit issued by the Madison County Health Department. Permits are not transferable from one location to another, and are not transferable from person to person. Therefore, if a change of ownership occurs, the owner must apply for a new permit through this department.

New or proposed food establishments are required to have construction and remodeling plans reviewed and approved by this department as well. The plan review process is necessary to ensure that the proposed establishments meet the applicable requirements of the Madison County Food Sanitation Program Ordinance. Body art establishments are also required to have construction and remodeling plans reviewed and approved by this department to meet requirements of the Madison County Body Art Ordinance.

Tanning salon facilities are licensed by the Illinois Department of Public Health. Facilities must have a pre-operational inspection by this department before obtaining a state permit.

Any assistance you can provide in directing to this department those persons who propose to operate a food service facility, body art establishment, or tanning salon facility within your jurisdiction would be greatly appreciated. I may be reached at (618) 296-6079 or by e-mail at ejboester@co.madison.il.us.

PLAN REVIEW FEE POLICY

The City of Edwardsville Public Works Department has, in the past, and will continue in the future, pass the cost of outside third party review fees to the developer, owner or contractor. Third party reviews include, but are not limited to civil engineer (site drainage and storm water calculations) and architectural/construction plans (building code, mechanical code, elevators and all related fire codes).

Due to the fast-paced growth of construction development, the City of Edwardsville is sending all architectural/construction plans to an independent plan review service (B & F Technical Code Services, Inc. – 1-800-232-5523). As of January 1, 2007, we have noticed a tremendous improvement of processing permit applications in a very timely manner.

Fees for the plan review will be billed directly to the submitting project owner, architect or general contractor by B & F Technical Code Services.

The following is a list of the current plan review and fees that B & F Technical Code Services is performing for the City of Edwardsville:

✓ Building Plan Review (which includes the 2021 International Building Code, 2021 International Fire Code and the Illinois Accessibility Code).	
Building Size	Building Review Fee
• Up to 60,000 Cubic Ft.	\$ 347.75
• 60,001 to 80,000 Cubic Ft.	\$ 428.00
• 80,001 to 100,000 Cubic Ft.	\$ 547.70
• 100,001 to 150,000 Cubic Ft.	\$ 625.95
• 150,001 to 200,000 Cubic Ft.	\$ 711.55
• Over 200,000 Cubic Ft	\$ 838.00 + 8.00 (per 10,000 Cu. Ft.)
✓ Life Safety Code Plan Review (2015 National Fire Protection Association 101).	25% of Building Review (Minimum \$300.00)
✓ Mechanical Plan Review (2021 International Mechanical Code).	25% of the Building Review Fee
✓ Fire Sprinkler System Plan Review.	
Number of Sprinklers	Sprinkler Review Fee
• Up to 100	\$ 392.34
• 101 to 200	\$ 494.34
• 201 to 300	\$ 601.34
• 301 to 500	\$ 708.34
• Over 500	\$ 815.34 + 1.00 each
✓ Fire Detection and Alarm System Plan Review.	\$ 149.80 First 15,000 sq. ft. (Prorated every 15,000 sq. ft. thereafter)
✓ Elevator Plan Review	\$ 300.00 per Elevator Bank

PLAN REVIEW SUBMITTAL

(Compiled by B & F Technical Codes Services)

In order to process your review in a timely manner, the following guide should be used as a checklist to ensure your submittal is complete as possible for the first review. If additional information is required, it will be requested during the review process. **See Fire & Life Safety Packet attached for additional reviews, inspection scheduling, and fees.**

BUILDING PLAN REVIEW:

Submit Complete Building Plans and Specifications Showing Use of All Areas, Equipment Layout, Aisles and Building Components.

1. ___ Indicate occupant load for all areas; include exiting system plan.
2. ___ Submit complete door schedule with catalog cuts for all doors, hardware sets and locksets.
3. ___ Submit all appropriate wall, floor, foundation sections and details.
4. ___ List all rated assemblies, diagram assemblies and design numbers.
5. ___ Submit window and glazing schedule, interior finish schedule and flame spread ratings.
6. ___ List all building design loads.
7. ___ Submit shop drawings for steel supported systems (submitted prior to start of work).
8. ___ Indicate shop drawings for all fire protection systems (submitted prior to start of work).
9. ___ Submit steel structural calculations.
10. ___ Submit details for all special occupancy requirements (atriums, floor openings, high rise, covered malls, hazardous materials, etc.).
11. ___ Submit details for all special structures (skylights, roof panels, awnings, etc.).
12. ___ Indicate sequence of operation for all special systems (smoke control, elevator recall, etc.).

13. ___ Submit details showing all State and local accessibility requirements and catalog cuts for fixtures.
14. ___ Submit signed, sealed and dated construction documents per the State requirements.

Soil Report.

1. ___ Show requirements for footings and support loads.
2. ___ Submit footings and foundation requirements and recommendations.
3. ___ Submit engineer's requirements for appropriate footings and wall to support loads.

Site Plan.

1. ___ Show setbacks, elevations, drainage, parking, outside lighting, lot grading and sanitary sewer.
2. ___ Show locations of fire hydrants and bench mark information.

ACCESSIBILITY REQUIREMENTS:

Required Elements for Accessibility.

___ Accessible Routes	___ Platform Lifts	___ Parking
___ Means of Egress	___ Windows	___ Doors
___ Entrances	___ Drinking Fountains	___ Seating
___ Detectable Warnings	___ Work Surfaces	___ Telephones
___ Area of Refuge	___ Restrooms/Baths	___ Ramps
___ Curb Ramps	___ Stairs	___ Controls
___ Alarms	___ Elevators	___ Storage
___ Signage	___ Lifts	

Specific Facility Type Requirements.

1. ___ Provide cuts of all plumbing fixtures.
2. ___ Indicate dwelling use requirements.
3. ___ Indicate auditorium and assembly area requirements.
4. ___ Provide details for bathtubs and shower stalls in building other than dwelling units.

Exterior Requirements.

1. ___ Indicate accessibility routes.
2. ___ Indicate total parking spaces for physically challenged, number, sizes and location of spaces.
3. ___ Indicate sidewalk size from the parking to the building.
4. ___ Indicate size and slope of ramps and curb cuts.
5. ___ Submit drawing of above ground handicapped signs.
6. ___ Provide detectable warnings in hazardous locations.

Interior Requirements.

1. ___ Indicate egress doors into occupiable spaces to have approved handles.
2. ___ Provide catalog cuts for accessible door hardware (handles, closers, thresholds).
3. ___ Show adequate maneuvering clearances at doors to gain access to rooms.
4. ___ Indicate required handrails on both sides of stairs and ramps.
5. ___ Indicate locations of hall call buttons, floor destinations, tactile characters (elevator lobbies).
6. ___ Provide detectable warnings in hazardous locations.
7. ___ Indicate size of floor access to public area telephones, heights of operable parts and hearing impaired equipment.
8. ___ Indicate protection for objects protruding into walks, halls, corridors, passageways or aisles above the finished floor of walking surface.
9. ___ Indicate special occupancy requirements.
10. ___ Indicate clear floor and knee space for accessible drinking fountains and lavatories.
11. ___ Indicate location of water closets relative to walls and other fixtures.
12. ___ Indicate the height to the top of the water closet seat for the accessible fixtures.

13. ____ Indicate the height above the finished floor surface, bar sizes, length of bars and distances from walls for required grab bars at the water closet. Indicate height and location of required toilet paper dispensers.
14. ____ Indicate areas of refuge for physically challenged.

ELECTRICAL PLAN REVIEW:

Submit Complete Electrical Plans Showing Location of All Devices.

1. ____ Provide a floor plan showing the fixtures, outlets, equipment, transformers, panels, sub-panels, receptacles and special systems.
2. ____ Indicate the type and size of the service (above ground or underground) with the location of meters and main disconnects.
3. ____ Indicate the size and type of all wire and number of all conductors in each conduit or raceway for each circuit.
4. ____ Indicate the size and type of all conduit and/or raceways.
5. ____ Indicate the use and amperage (load) of each circuit.
6. ____ Show the number of circuits, size of circuit breakers, location and size of main disconnect.
7. ____ Show the location of the convenience outlets at all appliance and rooftop equipment.
8. ____ Submit load calculation charts for all panelboards and main service with demand factors.
9. ____ Show emergency lighting to all rooms, spaces, corridors and access routes.
10. ____ Indicate method of connecting exit and emergency lights to the building electric system.
11. ____ Indicate type and location for ground, ground conduit and a bonding jumper at water meter.
12. ____ Indicate the size and type of ground conductors.
13. ____ Show the location of all GFCI outlets.
14. ____ Indicate the location and classification of all hazardous areas and special

systems.

SPRINKLER PLAN REVIEW:

Submit Complete Sprinkler Plans Showing All Sprinkler Locations.

1. ___ Indicate water flow test, pressure, location, time, date, witness and seasonal adjustment.
2. ___ Show the type of pipes, joints, fittings, dimensions and lengths.
3. ___ Show sprinkler protection for all areas and square footage for each sprinkler.
4. ___ Indicate the number, type and temperature ratings for all sprinklers.
5. ___ Submit catalog cuts for all sprinklers, pipe fittings and equipment.
6. ___ Indicate the building occupancy and submit details for process and storage equipment.
7. ___ Submit section and plan views of racks or shelving and storage heights.
8. ___ Submit description of special systems; show valves and trim.
9. ___ Show locations of gauges, test valves, main and auxiliary drains.
10. ___ Show arrangement, drainage, piping threads and height for Fire Department connection.
11. ___ Indicate flushing and documentation for the underground or lead-in connection.
12. ___ Indicate that a 200 PSI hydrostatic test will be witnessed by the local official.
13. ___ Perform a main drain test to obtain the static and residual pressures.
14. ___ Show hose rack layouts (storage areas in compliance with NFPA 231 or 231C).
15. ___ Indicate the location and show all details for hangers.
16. ___ Show supervision of valves and flow switches.
17. ___ For hydraulically calculated systems, submit complete calculations, sprinkler system summary sheet and flow diagrams.
18. ___ Show all reference points or nodes.
19. ___ Provide the calculations used to obtain all special design densities.

FIRE ALARM REVIEW:

Submit a Floor Plan Showing the Location of All Equipment and Devices.

1. ___ Submit catalog cuts for all equipment.
2. ___ Submit a zone chart or device address list.
3. ___ Submit battery calculations that include all power-consuming devices.
4. ___ Indicate name of monitoring agency and list of the agency.
5. ___ Submit voltage drop calculations for the initiating and alarm device circuits.
6. ___ Submit sequence of operations and special applications.
7. ___ Indicate type of wire and protection of wire when exposed to physical damage.
8. ___ Indicate a system test which indicates a test for each device.

SPECIAL EXTINGUISHING SYSTEM REVIEW:

Submit a Floor Plan Showing the Location of All Equipment and Devices.

1. ___ Submit catalog cuts for all equipment.
2. ___ Submit a zone chart or device address list.
3. ___ Submit battery calculations that include all power-consuming devices.
4. ___ Indicate name of monitor agency and listing of the agency.
5. ___ Submit voltage drop calculations for the initiating and alarm device circuits.
6. ___ Submit sequence of operations and special applications.
7. ___ Indicate type of wire with protection when exposed to physical damage.
8. ___ Indicate a system test that indicates a test for each device.

PLUMBING PLAN REVIEW:

Submit Complete Plumbing Plans & Specifications Including the Occupant Load and Number of Fixtures.

1. ____ Provide a riser diagram for all water piping including sizes, type of pipe and type of fittings.
2. ____ Provide a riser diagram for the drain, waste and vent system including sizes, type of pipe, and type of fittings.
3. ____ Indicate the separation between the water service and sewer.
4. ____ For copper tubing, indicate type of pipe, fittings and lead-free solder.
5. ____ Indicate drinking fountains or bottled water.
6. ____ Indicate the type of backflow protection provided (RPZ requires floor drains).
7. ____ Provide catalog cuts for all fixtures, faucets and plumbing equipment.
8. ____ Indicate indirect drainage and storm water pipe locations.
9. ____ Indicate the type and location of all special valves, appliances and devices.
10. ____ Show thermal expansion tank, temperature relief and vacuum reliefs as necessary for water heaters.
11. ____ Show type of roof drainage, area of discharge, type and size of pipe, location of cleanouts, and location of secondary (emergency) system. Primary and secondary systems shall be separate systems.
12. ____ Indicate the location(s) of all drainage pipe cleanouts.
13. ____ Provide details for accessible access to the plumbing fixtures: size of water closet enclosure, grab bars, lavatory, tissue holder, mirror and length of the grab bars.

MECHANICAL PLAN REVIEW:

Submit Complete Mechanical Plans Showing Location and Type of All Mechanical Equipment and Appliances.

1. ____ Provide catalog cuts with installation instructions, listing BTU input and approved locations for all mechanical equipment.

2. ___ Provide duct design criteria including size, type and gauge of the duct work, and type and location of all supports. Include additional details for all hazardous exhaust systems.
3. ___ Indicate the location of the duct smoke detectors in any system over 2,000 CFM including supervision.
4. ___ Submit a complete ventilation schedule showing the mechanical code occupant load, the supply, return and outside air for each room or area.
5. ___ Submit gas piping plan including location of meter, system pressure, type and size of pipe, and BTU demand for each section of pipe or appliance.
6. ___ Indicate size and location of the combustion air intakes (one high/one low required).
7. ___ Show a 110 V GFCI outlet within 25 feet of all rooftop equipment.
8. ___ Provide piping details including schematics for boilers, hydronic heat and refrigeration.
9. ___ Provide catalog cuts for factory-built fireplaces and details for masonry fireplaces.
10. ___ Provide details for any kitchen hood and exhaust systems including size and gauge of hood and duct, size and type of exhaust fans, shop drawings for suppression system, cleaning schedules, automatic power shutoff and portable extinguisher.
11. ___ Indicate the type, location and rating for the fire and/or smoke dampers and access panels.

EXISTING BUILDING PLAN REVIEW:

Submit Complete Plans and Specifications Showing Use of All Areas, Equipment Layout, Aisles and Building Components.

1. ___ Plans shall be signed and sealed in accordance with the requirements of your State.
2. ___ Provide the information required for a new building or for the building addition including complete plans and specifications.
3. ___ Provide a floor plan for existing building showing use, occupant load, and existing system including square footage of all areas.

4. ___ Indicate the construction type and use group of the existing building or adjacent tenants.
5. ___ Indicate the type of fire protection systems in the existing building.
6. ___ Indicate the type and location of the plumbing fixtures in the existing building.
7. ___ Indicate size, demand and distance to existing gas system, including size of pipe and system pressure.
8. ___ Indicate the loads of existing building and provide calculations showing existing loads and new loads.
9. ___ Provide a site plan showing the location of the existing and new building.
10. ___ Provide calculations/details showing changes or additions to existing fire protection systems.
11. ___ Indicate changes to the existing mechanical systems.
12. ___ Indicate changes made to the existing building for upgrading the access to conform to the new requirements.

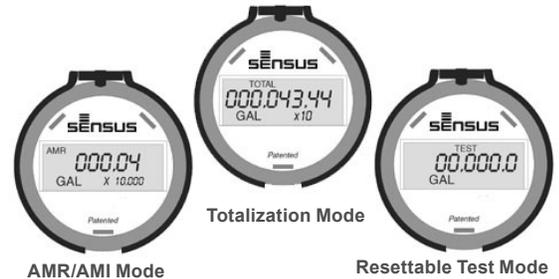
OMNI™ F²

4", 6", 8" and 10" OMNI F² Meter

Description

4", 6", 8" and 10" Sizes

The OMNI F² meter operation is based on advanced Floating Ball Technology (FBT).



Features

CONFORMANCE TO STANDARDS

The OMNI F² meter meets and far exceeds the most recent revision of AWWA Standard C703 class II. Additionally, the meter does not require a valve to meet these standards. Each meter is performance tested to ensure compliance. All OMNI meters are NSF/ANSI Standard 61, Annex F and G approved. The OMNI F² meter is UL (Underwriters Laboratories) Listed and FM (Factory Mutual) approved for use on fire protection and domestic water applications.

PERFORMANCE

The patented measurement principles of the OMNI F² meter assure enhanced accuracy ranges, an overall greater accuracy, and a longer service life than any other comparable class meter produced. The F² meter has no restrictions as to sustained flow rates within its continuous operating range. The floating ball measurement technology allows for flows up to its rated maximum capacity without undue wear or accuracy degradation.

CONSTRUCTION

The OMNI F² meter consists of two basic assemblies; the maincase and the measuring chamber. The measuring chamber assembly includes the "floating ball" impeller with a coated titanium shaft, hybrid axial bearings, integral flow straightener and an all electronic programmable register with protective bonnet. The maincase is made from industry proven Ductile Iron with an approved NSF epoxy coating. Maincase features are; easily removable measuring chamber, unique chamber

seal to the maincase using a high pressure o-ring, testing port and a convenient integral strainer with optional drain/debris-flushing ports.

OMNI ELECTRONIC REGISTER

The OMNI F² electronic register is hermetically sealed with electronic pickup containing no mechanical gearing. The large character LCD displays AMR, Totalization and a Resettable Test Totalizer. OMNI register features; AMR resolution units that are fully programmable, Pulse output frequency that are fully programmable, Integral customer data logging capability, Integral resettable accuracy testing feature compatible with the UniPro Testing Assistant Program, Large, easy-to-read LCD also displays both forward and reverse flow directions and all with a 10-year battery life guarantee.

MAGNETIC DRIVE

Meter registration is achieved by utilizing a fully magnetic pickup system. This is accomplished by the magnetic actions of the embedded rotor magnets and the ultra sensitive register pickup probe. The only moving component in water is the "floating ball" impeller.

MEASURING ELEMENT

The revolutionary thermoplastic, hydro dynamically balanced impeller floats between the bearings. The Floating Ball Technology (FBT) allows the measuring element to operate virtually without friction or wear, thus creating the extended upper and lower flow ranges capable on only the OMNI F² meter.

STRAINER

The OMNI F² meter includes the Sensus designed "V" shaped UL Listed/FM approved strainer which utilizes a stainless steel screen along with Floating Ball Technology (FBT) to create a design that gives far improved accuracy even in those once thought questionable settings. A removable strainer cover permits easy access to the screen for routine maintenance. Optional drain ports, located at the back lower corners of the strainer body, allow for easy discharging of debris without the need to remove the cover.

MAINTENANCE

The OMNI F² meter is designed for easy maintenance. Should any maintenance be required, the measuring chamber and/or strainer cover can be removed independently. Parts and or a replacement measuring chamber may be utilized in the event repairs are needed. Replacement Measuring Chambers are available for the OMNI F² meters.

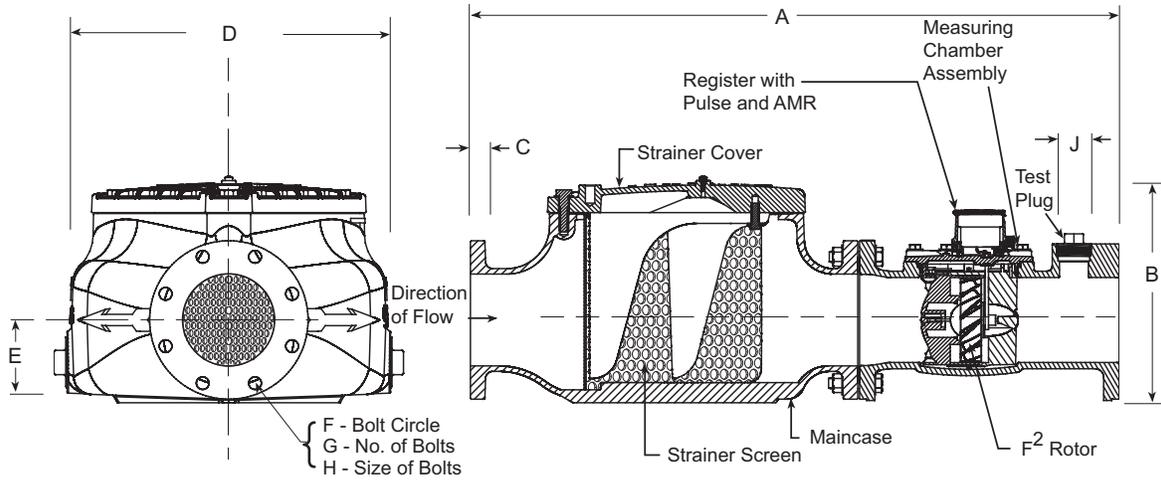
AMR / AMI SYSTEMS

Meters and encoders are compatible with current Sensus AMR/AMI systems.

GUARANTEE

Sensus OMNI F² Meters are backed by "The Sensus Guarantee." Ask your Sensus representative for details or see Bulletin G-500.

OMNI F²: 4", 6", 8" and 10"



DIMENSIONS AND NET WEIGHTS

Meter and Pipe Size	Normal Operating Range		Connections	A	B	C	D	E	F	G	H	J	Net Weight	Shipping Weight	Standard Fireline
4" DN 100mm	1.5 gpm .34 m ³ /hr	1000 gpm 227 m ³ /hr	Flanged	33" 838mm	13-11/16" 348mm	15/16" 24mm	17-1/2" 446mm	4-3/4" 121mm	7-1/2" 191mm	8	5/8" 16mm	2" 50mm	212 lbs. 96 kg.	252 lbs. 115 kg.	51-7/8" (1317mm)
6" DN 150mm	3.0 gpm .681 m ³ /hr	2000 gpm 454 m ³ /hr	Flanged	45" 1143mm	15-3/4" 400mm	15/16" 24mm	22-3/8" 569mm	5-3/4" 146mm	9-1/2" 242mm	8	3/4" 19mm	2" 50mm	394 lbs. 179 kg.	449 lbs. 204 kg.	67-5/8" (1717mm)
8" DN 200mm	4 gpm .91 m ³ /hr	3500 gpm 795 m ³ /hr	Flanged	53" 1346mm	18-1/2" 470mm	11/16" 17mm	31" 787mm	6-3/4" 172mm	11-3/4" 298mm	8	3/4" 19mm	2" NPT	736 lbs. 334 kg.	786 lbs. 357 kg.	77" (1956mm)
10" DN 250mm	5 gpm 1.1 m ³ /hr	5500 gpm 1249 m ³ /hr	Flanged	68" 1727mm	22-1/4" 565mm	11/16" 17mm	37-1/3" 947mm	8-1/2" 216mm	14-1/4" 362mm	12	7/8" 22mm	2" NPT	1155 lbs. 524 kg.	1215 lbs. 551 kg.	90" (2286mm)

*Standard Fireline lay length with optional spool piece added.

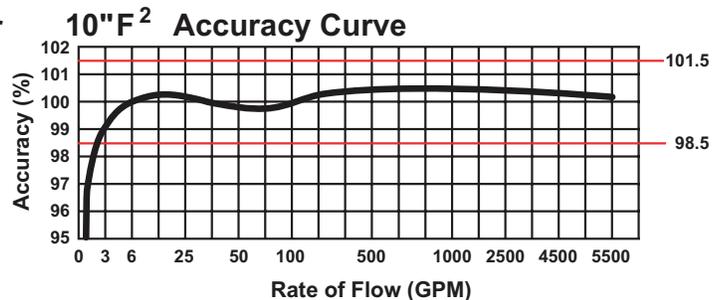
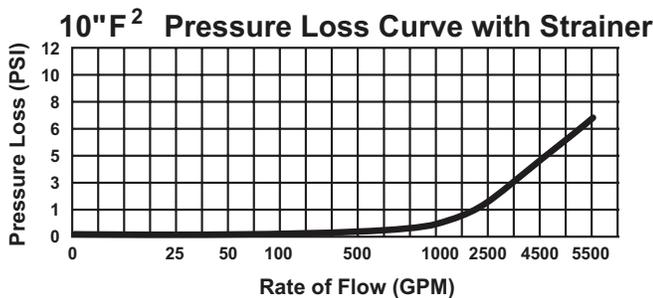
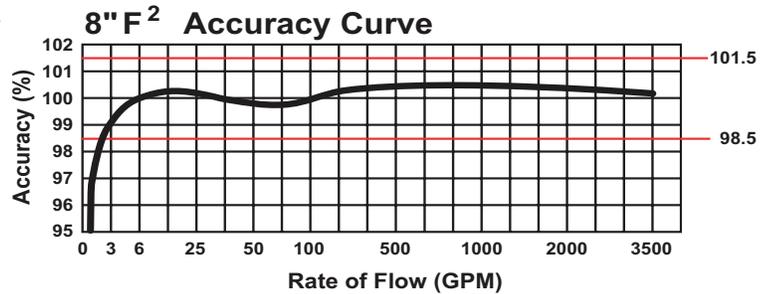
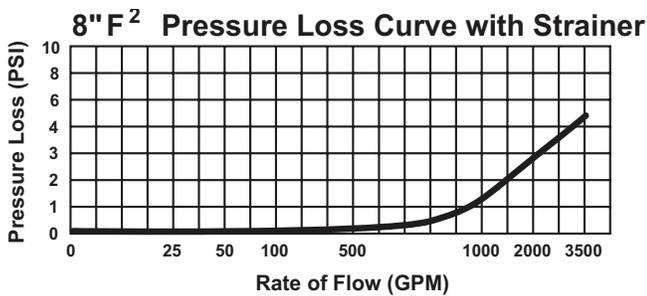
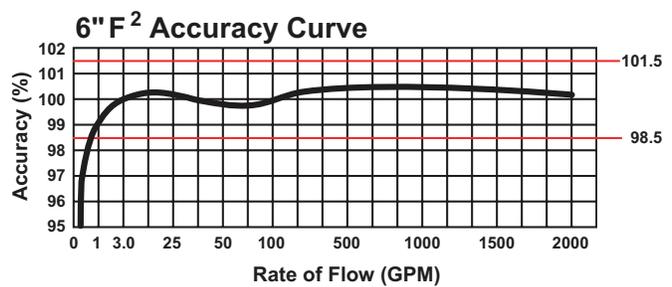
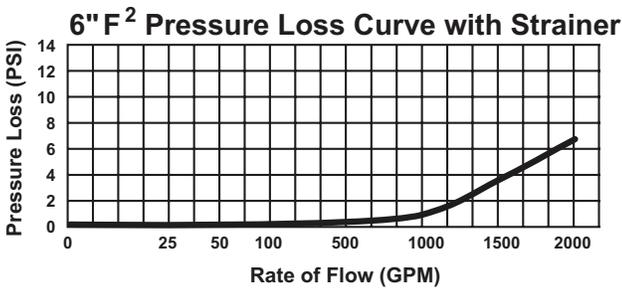
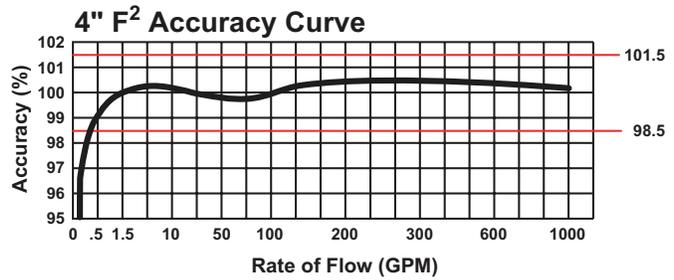
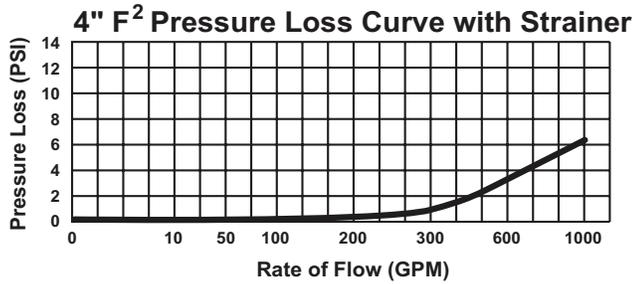
SPECIFICATIONS

SERVICE	Measurement of potable and reclaim water. Operating temperature range of 33 °F (56 °C) - 150 °F (65.6 °C)
OPERATING RANGE (100% ± 1.5%)	4": 1.5 – 1000 GPM (.34 - 227 m ³ /hr) 6": 3.0 – 2000 GPM (.34 - 227 m ³ /hr) 8": 4 – 3500 GPM (0.91-795 m ³ /hr) 10": 5 – 5500 GPM (1.1-1249 m ³ /hr)
LOW FLOW (95% – 101.5%)	4": .75 GPM (.06 m ³ /hr) 6": 1.5 GPM (.06 m ³ /hr) 8": 2.5 GPM (0.57 m ³ /hr) 10": 3.5 GPM (0.8 m ³ /hr)
UL MINIMUM FLOW	8": 97% @ 3 GPM (0.68 m ³ /hr) 10": 97% @ 4 GPM (0.9 m ³ /hr)
MAXIMUM CONTINUOUS OPERATION	4": 1000 GPM (227 m ³ /hr) 6": 2000 GPM (454 m ³ /hr) 8": 3500 GPM (795 m ³ /hr) 10": 5500 GPM (1249 m ³ /hr)
MAXIMUM INTERMITTENT OPERATION	4": 1250 GPM (284 m ³ /hr) 6": 2500 GPM (568 m ³ /hr) 8": 4700 GPM (1067 m ³ /hr) 10": 7000 GPM (1590 m ³ /hr)

PRESSURE LOSS	4": 6.4 psi @ 1000 GPM (.60 bar @ 227 m ³ /hr) 6": 6.7 psi @ 2000 GPM (.56 bar @ 454 m ³ /hr) 8": 5 psi @ 3500 GPM (.34 bar @ 795 m ³ /hr) 10": 7 psi @ 5500 GPM (.48 bar @ 1249 m ³ /hr)
MAXIMUM OPERATING PRESSURE	175 PSI (12 bar)
FLANGE CONNECTIONS	U.S. ANSI B16.1 / AWWA Class 125
REGISTER	Fully electronic sealed register with programmable registration (Gal. /Cu.Ft./ Cu. Mtr. / Imp.Gal / Acre Ft.) Programmable AMR/AMI reading and pulse outputs Guaranteed 10 year battery life
NSF APPROVED MATERIALS	Maincase: Coated Ductile Iron Measuring Chamber: Thermoplastic Rotor "Floating Ball": Thermoplastic Radial Bearings: Hybrid Thermoplastic Thrust Bearings: Sapphire/Ceramic Jewel Magnets: Ceramic Magnet Strainer Screen: Stainless Steel Strainer Cover: Coated Ductile Iron Test Plug: Coated Ductile Iron

OMNI F²: 4", 6", 8" and 10"

Headloss Curves



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Site, Drainage, & Erosion Control Plan

*** Please include the following and initial each item verifying its inclusion ***

- ___ 1. Dimensions of proposed building / construction, existing buildings and entire lot, (to scale).
- ___ 2. Setbacks from edge of building, cantilever walls, bay windows and fireplaces to all lot lines.
- ___ 3. Show all easements, underground utilities and equipment, man holes, fire hydrants, storm water facilities, and structures. NOTE: THE CHANGING OF GRADE, FILLING IN, STOCK PILE IN ANY EASEMENTS IS STRICTLY PROHIBITED.
- ___ 4. Identify street names.
- ___ 5. Show basement opening locations and elevation of openings (including below grade window wells) – Concrete sill of opening or the top of the window wells shall be a minimum of 4 inches above the finished grade of yard. The yard shall slope away from the foundation at least 6 inches in 10 feet. Basement openings should not be installed on a building wall next to a side yard drainage easement. All basement openings must be above the overflow path of a downstream culvert.
- ___ 6. Show driveway location (minimum of 5 feet from side property lines).
- ___ 7. Show elevation of garage finished floor (min. 1 foot, max 3 feet above back of curb). The standard residential elevation is 2 feet above the back of curb.
- ___ 8. Show location of exterior A/C unit (should not be placed next to a drainage way).
- ___ 9. Show location of any proposed or potential retaining walls.
- ___ 10. Show the “lowest floor level elevation” or the “lowest entry elevation level” as may be required by recorded subdivision plat or flood zone maps.
- ___ 11. **Drainage** – show the direction of flow of stormwater at the sides and the rear lot lines. NOTE: Filling in established drainage ways, easement, or blocking the flow of stormwater along the lot lines is a violation of the City Stormwater Ordinance.
- ___ 12. **Erosion Control Plan** – City ordinances requires Soil Erosion Control around the entire building site where water leaves the property. Show location of Erosion Control. (See attached “No Work Notice” sheet)
- ___ 13. Show Sanitary Sewer Service, Sump pump outlet, and water service line locations. (Please anticipate outside water meter pit unless otherwise approved by City Engineer.)
- ___ 14. Sign & Date Plan (Modification of Sealed plans or drawings is not allowed or accepted).

Builder's Signature

Date



ZONING CERTIFICATE

No. _____ Date _____

1. Name of Applicant(s) _____
Address: _____ Phone _____
City: _____ State: _____ Zip _____

2. Property interest of applicant:
() Owner () Contract Purchaser () Lessee () Other _____

3. Name of Owner(s) _____
Address: _____ Phone _____
City: _____ State: _____ Zip _____

4. Location of Proposed Use:
Address: _____ Parcel ID Number _____
Parcel ID Number can be found on the deed for property, property tax bill, or from Madison County Maps And Plats.

5. Present use of property: () Single Family () Multi-Family
() Business* () Industrial* () Vacant
*If Business or Industrial list type _____
(SIC Code) _____

6. Proposed use of property:
Type of business _____ Hours of operation _____
Number of Parking Spaces _____ Signage _____
Number of Employees _____ Alterations to existing structure _____
Deliveries of Merchandise _____ Size of structure _____
Sale of Merchandise _____ Area to be utilized by business _____ Sq. Ft.
CIRCLE: New Construction or Existing Building?
IF New Construction, provide Zoning District Classification _____ Proposed Building Height _____

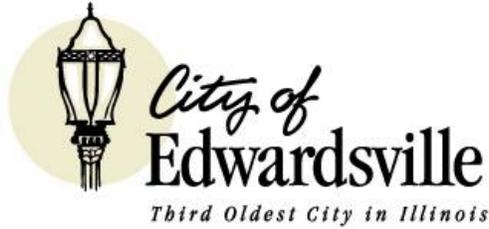
7. Application is hereby made for a Zoning Certificate as required under the Zoning Ordinance. It is understood that the **application must be complete** and any permit issued on this application shall not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by other ordinances, codes or regulations of the City of Edwardsville, Illinois.

Applicant _____

Verify Zoning classification: _____
Requires a: Special Use Permit () Yes () No; Rezoning () Yes () No;
Variance () Yes () No

The proposed building or structure and the use thereof complies with the provisions of the Zoning Ordinance.
Approved: () Disapproved () Re: _____

Date: _____ Zoning Administrator _____



UTILITY TRANSFORMER FAULT CURRENT FORM

Project Name: _____

Property Address: _____

Utility Company Name: _____

Transformer KVA _____

Transformer Secondary Voltage _____

(* Transformer Impedance % _____

(* Transformer Available Fault Current _____
(At Transformer Terminals)

Installer's Company Name _____ Phone # _____

Certified By:
Name (Printed) _____

Name (Signature) _____

Please return to:
City of Edwardsville - Dept. of Public Works
200 East Park Street, P.O. Box 407
Edwardsville, IL 62025-0407
618/692-7535
618/692-7505 – FAX

NOTE: COMPLETE if service is greater than 400 amperes or if all services provided by utility transformer are greater than 400 amperes.

ALL ITEMS must be completed. Items marked with an (*) are “either/or” questions. Permit will not be issued until this form is completed and approved by the City.

DISTRIBUTION: Return original form with permit application. Provide a copy of this form at jobsite for service inspection.



City Of Edwardsville

Public Works Department
 200 East Park Street
 Edwardsville, IL 62025

Cross Connection Survey

Resident			
Property Address			
Mailing Address			
Phone		Email	
Account # (found on City utility bill)			

In order to protect the City of Edwardsville's water supply from becoming contaminated, the Illinois Environmental Protection Agency, requires a survey to determine if there are any hazardous conditions that could affect our drinking water.

This must be turned in with your building permit application.

Type of Use: Residential Commercial Medical Industrial
 Government Agricultural Other _____

Check all that apply

1. Do you have any other source of water, such as private well, pond, lake, tank or reclaimed water that is connected to the public water supply? Yes No

2. Are there any backflow prevention devices installed on the premises?
 This does not include devices installed on the City water meter or outside water/garden hose. Yes No
 - a. If so, has the device been tested? (If yes, please provide a copy of the test results). Yes No

3. Do you have a permanent in-ground lawn irrigation system installed on your property?
 This does not include lawn water devices attached to a garden hose. Yes No

4. Do you have a sump pump on your property? Yes No
 - a. If so, does it connect to the City sewer? Yes No

5. Do you have a swimming pool and/or hot tub? Yes No
 - a. Is the above filled by a permanent connection to the water system? Yes No

6. Is your facility heated by a boiler? Yes No

Do you have any of the equipment listed below on the premises? (Check all that apply)

- | | | | | | |
|---|--------------------------|-----------------------------|--------------------------|------------------------|--------------------------|
| Fire sprinkler system | <input type="checkbox"/> | Truck or tank filling equip | <input type="checkbox"/> | Baptismal fountain/tub | <input type="checkbox"/> |
| Temporary service | <input type="checkbox"/> | Soft drink dispenser | <input type="checkbox"/> | Water softener | <input type="checkbox"/> |
| Car wash facilities | <input type="checkbox"/> | Water cooled equip | <input type="checkbox"/> | Shampoo bowl | <input type="checkbox"/> |
| Chemical feeder | <input type="checkbox"/> | Pressure booster | <input type="checkbox"/> | Soap injector | <input type="checkbox"/> |
| Sterilizer | <input type="checkbox"/> | Industrial fluid system | <input type="checkbox"/> | Photo Processor | <input type="checkbox"/> |
| Steam equip | <input type="checkbox"/> | | | | |
| Outdoor yard hydrant (a plumbing fixture that stands upright out of the ground) | | | | | <input type="checkbox"/> |

Commercial Properties Only:

This section should only be filled out by Commercial Properties. Please skip this section if you are a single family residential location.

- 1. Do you have industrial air conditioning equipment on the premises? Yes No
 - a. If so, does the equipment have an air washer on the premises? Yes No
 - b. Does the equipment have a condenser washer on the premises? Yes No
- 2. Do you have an industrial grease trap on your property? Yes No

Important Notice:

The Illinois Environmental Protection Agency and the Illinois Department of Public Health require hose vacuum breakers to be attached to all outdoor faucets. These devices protect the plumbing system from being contaminated by any substance which might enter the water hose (lawn fertilizer, herbicide, soap, etc.). Hose vacuum breakers are available at most hardware stores or through your local plumbing contractor.

Comments:

Your comments are important in the cross-connection control program. Use this space for any comments or address corrections.

PLEASE DO NOT INCLUDE WATER BILL PAYMENTS IN THE RETURN ENVELOPE.

The information provided in this survey form is an accurate and current description of the water system at this address:

Signature of person completing this survey

Date

For office use only:

- Type 1 residential Type 2 residential Type 3 residential
- Type 1 commercial Type 2 commercial Type 3 commercial

Signature of person making decision

Date



WATER SERVICE INSTALLATION

(Form To Be Completed and Returned Before a Water Meter Will Be Installed)

Property Address _____

Lot # _____ Subdivision _____

Permit # _____

DATE OF WATER SERVICE INSTALLATION _____

SIZE OF SERVICE LINE INSTALLED _____

Installer's Name _____

Company _____ Phone # _____

Plumbing License # _____

Please return to:

City of Edwardsville
Dept. of Public Works
200 East Park Street, P.O. Box 407
Edwardsville, IL 62025-0407
618/692-7535
618/692-7505 - FAX



City of Edwardsville

Date: _____

For Commercial and Multi-Family Permits Only

**PLAN/PLAT REVIEW
Project Summarization**

Name of Business / Entity: _____

Developer: _____

General Contractor: _____

Street Address of Proposal: _____

Closest Major Connector (Roadway): _____

No. Parking Spaces: _____ Estimated Project Cost: _____

Anticipated No. of Employees: _____ Anticipated No. of Customers Per Day: _____

Anticipated Starting Date: _____ Expected Completion Date: _____

(For Office Use Only)

Remarks (where applicable and appropriate):

Land Use Committee Votes and Opinions:

Plan Commission Votes and Opinions:

Planned Unit Development (PUD) Review Committee (changes made since initial plan submittal):

Zoning Board Votes and/or Opinions:

Council Committee Votes and/or Opinions:

Application for Landscape Plan Review (submit with 3 landscape plans)

Address _____ Staff Reviewer _____ Date _____

Lot # _____ Subdivision _____ Parcel Id # _____

Type of Construction: Multi-Family Commercial (Applicants are requested to complete left side/non-boxed areas)

Compliance Achieved: Yes No Comments: _____

Total Tree Class <input type="checkbox"/> Y <input type="checkbox"/> N	Total Shrub Class <input type="checkbox"/> Y <input type="checkbox"/> N
<i>ST 2½" c @ 15pts</i> × ___ = ___	<i>ES 2gal @ 3pts</i> × ___ = ___
<i>ET 8' @ 15pts</i> × ___ = ___	<i>DS 2gal @ 3pts</i> × ___ = ___
<i>IT 1½" c < 8' @ 10pts</i> × ___ = ___	
Total Tree Classification _____	Total Shrub Class _____
<i>Total Landscape provided</i> _____ <i>required</i> _____ <i>needed</i> _____	

1228.06 Minimum Landscape requirements:

_____ Lot Frontage

+ _____ Corner Side Lot Frontage

= _____ Total Front/Corner Side Lot Frontage

÷ 2 _____ = **Total required landscape points**

(Required: ½ Tree Class. & ½ Shrub Class.)

_____ **Tree Classification** _____ **Shrub Classification**

Y N Utilization of existing landscape (bonus points apply)

_____ ST 10" diameter Trunk _____ @ 5pts _____

_____ ET ≥15' tall _____ @ 5pts _____

_____ **Total Bonus Points**

1228.07 Parking Lot Landscape requirements:

_____ **Total # of Parking Spaces (=Req'd Landscape Points)**

Check option below that applies:

- <50 parking spaces along a single aisle, landscape may be placed within 10 feet of perimeter of parking lot no island required.
- ≥50 parking spaces, ½ of the required pts. shall be shade trees in curbed islands within interior of parking lot.
- ≥ 50 parking spaces w/ more than 1 internal row, required curbed islands = to 4% of total parking area & paved loading areas. _____ sq. ft. total paved area (all parking & loading areas)

Boxed areas below for office use only

Min. Lot Landscape Requirement	Compliance <input type="checkbox"/> Y <input type="checkbox"/> N
Tree Class <input type="checkbox"/> Y <input type="checkbox"/> N	Shrub Class <input type="checkbox"/> Y <input type="checkbox"/> N
<i>ST 2½" c @ 15pts</i> × ___ = ___	<i>ES 2gal @ 3pts</i> × ___ = ___
<i>ET 8' @ 15pts</i> × ___ = ___	<i>DS 2gal @ 3pts</i> × ___ = ___
<i>IT 1½" c < 8' @ 10pts.</i> × ___ = ___	
Total Tree Classification _____	Total Shrub Class _____
<i>Total Landscape provided</i> _____ <i>required</i> _____ <i>needed</i> _____	

Points can be from either Tree or Shrub Classification

Parking Lot Landscape	Compliance <input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N
Tree Class	Shrub Class
<i>ST 2½" c @ 15pts</i> × ___ = ___	<i>ES 2gal @ 3pts</i> × ___ = ___
<i>ET 8' @ 15pts</i> × ___ = ___	<i>DS 2gal @ 3pts</i> × ___ = ___
<i>IT 1½" c < 8' @ 10pts.</i> × ___ = ___	
Total Tree Classification _____	Total Shrub Class _____
<i>Total Landscape provided</i> _____ <i>required</i> _____ <i>needed</i> _____	

ST = Shade Tree

ET = Evergreen Tree

IT = Intermediate Tree

ES = Evergreen Shrub

DS = Deciduous Shrub

Total paved area on the site: _____

Total landscaped area contained in interior islands and within 3' of the perimeter of parking lot: _____

1228.08 Transitional Buffer Yard (TBY) Requirement and Landscaping:

_____ Zoning - subject property _____ Zoning - adjacent property
 _____ Depth of TBY provided _____ % of Lot Width or Depth

- TBY required, when:
 Property is non-residential and adjacent to single family residential
 or multi-family residential and adjacent to single family residential

_____ Length of adjacent property line /TBY landscape Points
 (Required: 1/2 Tree Class. & 1/2 Shrub Class.)

_____ Tree Classification _____ Shrub Classification

<i>Transitional Buffer Yard</i>		<i>Compliance</i>
		<input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> TBY Required with the following to be met:		
<input type="checkbox"/> 10% of the lot width or depth, which ever applies due to impact on adjacent property (shall not be < 10' nor >25')		
<input type="checkbox"/> Contains no driveway, refuse containers, storage area, aisleway, vehicular maneuvering area, sidewalk or structure		
<u>Tree Class</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Shrub Class</u>
<i>ST</i> 2 1/2" c	@ 15pts × ___ = ___	<i>ES</i> 2gal @ 3pts × ___ = ___
<i>ET</i> 8'	@ 15pts × ___ = ___	<i>DS</i> 2gal @ 3pts × ___ = ___
<i>IT</i> 1 1/2" c < 8'	@ 10pts. × ___ = ___	
Total Tree Classification		Total Shrub Class
Total Landscape provided		required _____ needed _____

1228.09 Screening of Activity Areas:

Check the applicable activities for the subject property:

- Refuse container/dumpster, loading, unloading, or storage area/facility
- Storage or display of materials or merchandise
- Loading or unloading of passengers, goods or materials
- Production, assembly, processing or demolition of goods or materials
- Temporary or permanent parking area for vehicles

If any of the above activities occur then property requires a fence, wall, berm, evergreen planting or combination thereof which achieves a 6' high barrier (if plantings to be solid within 2 yrs.)

<i>Screening of Activity Areas</i>		<i>Compliance</i>
		<input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Screening required		
<input type="checkbox"/> 6' high		
<input type="checkbox"/> Solid (if plantings, accomplish density within 2 yrs.)		
Accomplished by:		
<input type="checkbox"/> Fence		
<input type="checkbox"/> Wall		
<input type="checkbox"/> Berm		
<input type="checkbox"/> Evergreen Planting (must accomplish density within 2 yrs.)		

INSPECTION POLICY

The following is a summary of the City of Edwardsville's construction inspection schedule.

- All inspections must be called in by 9:30 a.m. for the inspection to be done that same day. This also includes inspections for sidewalks and sewer tap-ons.
- All scheduled timed inspections must be pre-approved by the appropriate Inspector by 9:30 a.m. for that day. There will be no scheduled timed inspections performed after 3:00 p.m. – Except for the Plumbing Inspector.
- If the inspection is not ready or not approved, a re-inspection must be called in to the OFFICE by the owner or contractor. The re-inspection will not be done until the following work day, unless pre-approved by the Inspector.
- Absolutely no work shall begin or continue until the required inspections have been approved. This is to include, but not limited to the following examples: Pouring concrete, Mandatory Energy Sealing, taping drywall and insulating.
- Time must be allotted for a footing or a foundation steel inspection. Concrete shouldn't be ordered until inspection has been approved.
- The City approved job-site documents are made up of approved house plans, City of Edwardsville Specification Sheet, ResCheck / ComCheck or Performance base documents (where applicable) and permit card. Job-site documents **MUST** be on the job-site for the inspectors. No approved job-site documents on site will result in an immediate "Not Ready- Failed" Inspection. The Inspector will not wait for them to be delivered.
- If work or construction has commenced without the appropriate inspection approved, a "Stop Work Order" and a Municipal Citation will be issued.

REQUIRED INSPECTIONS

ALL Inspections Must Be Performed. Photos WILL NOT Be Accepted. Inspections ARE Required.

PRE-PERMIT INSPECTIONS:

- **Building Site Inspection:** Property corners and building lines must be staked. Following permit application submittal, the applicant must meet onsite and the same time with the Building Inspector, the Main Erosion Control Inspector, and the City Engineer to go over Per-Permit Erosion Control installation requirements, discuss easements, storm water drainage, site grading, rock driveways, retaining walls, and other site issues.

For basement finishes, room additions, and other renovations to existing structures or systems, the applicant must meet onsite with both the Building and Electrical Inspector.

BUILDING INSPECTIONS:

- **Footing:** Property lines must be located, staked and strung to show all setbacks from footings. All easements on the site must also be staked. **Inspection will be made before footing or foundation concrete is placed.** NOTE: All work must be complete. This includes rebar and UFER ground in place, **NOT** “on its way with the concrete truck”. The Electrical Concrete Encased Grounding Electrode, UFER Ground, must be installed for connection to the Electrical Service Grounding Electrode System. This UFER Ground will be part of the Footing Inspection.
- **Foundation Steel:** Inspection will be made of the vertical and horizontal rebar installation located in the foundation wall prior to pouring concrete. **NOTE: No photographs. A three (3) foot section of form panels must be removed for inspection. NOTE: 10” Galvanized Anchor Bolts must also be on-site.**
- **Foundation Final (Drainage):** Inspection will be required of water-proofing, drain tile, 3/4” rock cover and filter fabric prior to backfilling. All support piers require inspection prior to pouring concrete.
- **Sill Plate:** All sill plates, anchor bolts, 3” X 3” x 1/4” washers must be installed. **Inspection must be made prior to bandboard and floor decking installation.** The Energy Code air infiltration **Mandatory Sealing** between the sill plate and the foundation must be installed at this time.
- **Vapor Barrier:** Six (6) millimeter plastic vapor barrier installed between basement rock base and concrete floor. **Inspection must be done prior to pouring floor and after underground plumbing is approved.** At this time, if the concrete slab is a walk out grade, the Energy Code Slab Edge insulation shall be installed.
- **Framing:** Inspection will be made after plumbing, mechanical, heating, electrical, and voice/video/data cabling has been roughed-in and after windows and doors have been installed and flashed. Exterior wall insulation and finish behind tubs and fireplaces will be inspected as part of the framing inspection. **Do not insulate or drywall until all rough-ins have been approved.**

- **Rough-in Energy Code Compliance Inspection:** At this time the following Energy Code Inspections will be accomplished:
 - Mandatory Sealing of air infiltration penetrations in building envelope.
 - Recessed can lights shall be insulation contact, IC, and air-tight rated.
 - AC piping insulation and protection.
 - Concealed hot water piping insulation.
 - Concealed heating ducts are sealed for air leakage. (Use an approved sealing method).
 - Insulation of heating ducts in unconditioned space.
 - *If heating duct, cooling ducts, or heat/cooling equipment is located in unconditioned space, accomplish a Duct Blast Test. Certified test reports shall be turned into the OFFICE.
- **House Wrap:** Inspection will be made at the same time as the framing inspection. **Do not conceal house wrap until after this inspection has been approved.**
- **Insulation and Air Infiltration (Mandatory Sealing):** Inspection of the insulation in all areas; finished walls, ceiling, unfinished basement walls, floor joists cavities over unconditioned spaces, knee walls, bandboards, vented crawl spaces, floor joists cavities over unconditioned space or unvented crawl spaces, walls and floor and attic space, where applicable. The main attic insulation will be inspected at the Final Building Inspection. The air infiltration (Mandatory Sealing) between the windows and door and their frames must be sealed at this time. (Typically this void is sealed with non-expandable foam or caulk.) **Do not install insulation until Plumbing Rough-In, Electrical Rough-In and Electrical Rough-In Mandatory Sealing inspections are approved. Do not conceal insulation until these inspections are approved.**
- **Drywall:** Inspection is required for coverage and screw patterns prior to the application of **any** mud or tape.
- **Building Final:** All new home construction must have a house number placed on the structure before an Occupancy Permit is issued. The Attic Insulation Inspection will be accomplished at this time. **A ladder for safe entry into the attic shall be in place. This inspection will be made after structure is completely finished but before an Occupancy Permit is issued.**

At this time, the following final Energy Code Inspections will be accomplished:

- Mandatory Sealing of air infiltration penetrations in exterior building envelope.
- 75% of lamps are high-efficacy.
- Unfinished area exposed hot water piping insulation.
- Unfinished area exposed ducts and air handlers are sealed for air leakage.
- Heating and cooling appliances and thermostat are installed.
- Unvented Crawl Space Ventilation: Inspection of the mechanical ventilation system in the unvented crawl space.
- Proper Continuous Mechanical Ventilation system is installed.
- Accomplish a Blower Door Test. Certified test reports shall be turned into the OFFICE.
- Energy Efficiency Certificate is filled out and posted in or on the electrical panel.

ELECTRICAL INSPECTIONS:

- **Underground Electrical:** Inspection to be made before backfill or encasement.
- **Electrical Rough-In:** Inspection will be made after lines are run and boxes are installed, but before device installation or concealment by insulation, drywall, ceiling systems or concrete.
- **Electrical Service:** **The Utility Transformer Fault Current Form must be completed and submitted prior to permit being issued.**
For the Service Inspections, all meter cans, multi-meter cabinets, CT cans, troughs, main panels and distribution panels, with service, feeder, and branch conductors installed and terminated. **Inspection will be made prior to utility company energizing the system.**
- **Electrical Final:** **Final Electrical Inspection will be made after structure is completely finished but before Occupancy Permit is issued.**

PLUMBING INSPECTIONS:

- **Underground Plumbing:** Inspection will be made before the basement floor is poured. Inspection to be done and approved prior to installation of vapor barrier.
- **Plumbing Rough-In:** If any area of the basement is to be finished, a rough-in plumbing inspection is also required in the basement. **Inspection will be made prior to insulation and drywall installation.**
- **Plumbing Final:** The plumbing system and water heater must be fully functional so water temperatures may be checked. The *licensed* plumber installer must complete and submit the Water Service Installation Form before the final plumbing inspection is performed. An Occupancy Permit is required before City water service can be changed out of the builder's name. **Inspection will be made after structure is completely finished but before Occupancy Permit is issued.**

SITE WORK:

- **Erosion Control:** The construction site shall have a construction entrance established from the back of curb to the building line by placement of a layer of geo-technical fabric over which 1" to 2" clean rock is placed to a depth of six (6) inches. The remaining lot frontage shall receive erosion control barrier and all construction vehicles shall enter and exit the site through the rock entrance. Any other property boundary lines which drain storm water from the site shall receive erosion control barrier. **Inspection will be made before footing or foundation is poured. Periodic inspections will occur thereafter.**
- **Sewer Tap:** The builder shall verify that there is at least a three (3) foot difference in elevation between the basement floor elevation and the invert of the public sewer at the point of connection. Exterior building sewers and cleanouts shall be at least six (6) inches in diameter with the exception of sewers draining to a septic tank, aerator or individual grinder pump, which may be four (4) inch diameter. Within five (5) feet of the foundation wall, pipe shall be Schedule 40 PVC with glued joints. **Outside the five (5) feet from the foundation wall, pipe shall be SDR 35**

with pressed joints. A cleanout shall be installed within five (5) feet of the foundation wall. Cleanouts shall not be more than 100 feet apart. There shall not be more than 90 degrees of accumulated bends between cleanouts or between the sewer main and the adjacent cleanout. 45 degrees is the maximum allowable single bend fitting. Bend fittings shall be separated by a minimum of two (2) feet of straight pipe. **Inspection will be made prior to backfill of the sewer line.**

- **Site Drainage:** Garage floor, finished floor and basement opening elevations must be set in accordance with the approved site plan. Unless the site plan is sealed by a professional engineer, the following minimum criteria must be met: The garage floor shall be set at least one (1) foot above the back of curb height at the street or at least one (1) foot above the street height if no curb exists. The lowest point of basement window or basement door openings shall be at least six (6) inches above the finished lawn grade at the wall containing the opening. Site with basement wall openings shall also be graded to provide at least six (6) inches of fall away from all basement walls containing an opening. Basement openings and garage floor elevations shall be at least 18 inches above the edge of any nearby drainage easement, and at least 24 inches above the 100 year overflow elevation of nearby detention basins, natural waterways, or downstream culverts where applicable. Drainage easements on site shall be graded with 1:4 side slopes and a three (3) foot flat bottom. Drainage easements shall not be filled in or encroached upon in any manner. This will reduce water carrying capacity. **Inspection will be made before footing or foundation is placed, periodically throughout project, and at completion of project.**
- **Sidewalk:** Subgrade shall be compacted and solid with no mud or frozen material, and formwork must be set for a minimum of four (4) inch concrete depth in the sidewalk and a minimum of six (6) inch concrete depth with a four (4) inch compacted rock base in the driveway. Sidewalk cross slope shall be less than or equal to two (2.000) percent. The front edge of the sidewalk shall be at least one (1) inch but not more than seven (7) inches above the back of curb. The front edge of sidewalk shall be placed a specific distance from the back edge of curb in accordance with approved subdivision plans. The back edge of sidewalk shall be at least one-half (1/2) inch and not more than one (1) inch above the front edge of sidewalk. Maximum rise on the driveway apron from back of curb to front edge of sidewalk is six (6) inches. Expansion material shall be installed along the driveway entrance at the back of curb, front of sidewalk and back of sidewalk. Expansion material shall be installed where the six (6) inch driveway thickness changes to a four (4) inch sidewalk thickness. Control joints shall be spaced four (4) feet to five (5) feet apart, and the concrete shall be uniformly finished with a medium broom perpendicular to direction of foot traffic. All sidewalks shall meet ADA requirements for sidewalk installation. **Two inspections will occur. The first inspection will occur after the subgrade is prepared, and formwork and expansion materials are in place, but prior to placement of concrete. The second inspection will be after concrete is poured and finished.**

- **Site Final (Plantings):** All site grading shall be complete. All disturbed areas shall be seeded and mulched or sodded. All required street trees or landscaping shall be planted in the approved locations. All sidewalk and driveway concrete shall be installed. **Inspection will occur when all exterior site work is complete but before an Occupancy Permit is issued.**

FIRE DEPARTMENT:

- **Fire Department Final:** Required on all commercial and multi-family construction and remodeling. **Inspection to be made after structure is completed (usually the same time as the Building Final) before an Occupancy Permit is issued.**

MISC:

- **Swimming Pool:** At the site pre-permit meeting, site issues and specific requirements for your specific pool design will be clarified. Minimum quantity of inspections will be equal potential grid inspection(s) and final electrical.
- **Fence:** Minimum quantity of inspections will be a final inspection. Other inspections may be determined based on the design and use.
- **Siding:** House wrap must be installed and inspected prior to installation of siding. Final inspection will be conducted after all siding has been installed.
- **Other:** Signs, roof, etc.



PERMIT NO. _____

City of Edwardsville APPLICATION FOR BUILDING PERMIT

Date _____
Name of Owner _____ Current Address _____ City _____
Project Address _____ Phone _____
Subdivision _____ Lot No. _____ Property Identification No. _____

Type of Structure		Type of Work			
Single-Family <input type="checkbox"/>	Commercial <input type="checkbox"/>	New Construction <input type="checkbox"/>	Sign <input type="checkbox"/>		
Two-Family <input type="checkbox"/>	Industrial <input type="checkbox"/>	Remodeled <input type="checkbox"/>	Electrical Only <input type="checkbox"/>		
Multi-Family <input type="checkbox"/>	Office/Prof. <input type="checkbox"/>	Garage <input type="checkbox"/>	Plumbing Only <input type="checkbox"/>		
No. of Units _____	Other _____	Roof <input type="checkbox"/>	Mechanical Only <input type="checkbox"/>		
Rental (please initial) _____ <input type="checkbox"/> No <input type="checkbox"/> Existing <input type="checkbox"/> Future					
Estimated Cost: Building _____		Electrical _____	Plumbing _____	Mechanical _____	

Scope of work: _____

Building

Contractor _____
Address _____
Phone No. _____ Cell No. _____
Email Address _____
Type of Construction _____
Stories _____ Width _____ Depth _____
Total Building Area _____
of Rooms _____ Baths _____
Basement: None Unfinished
Finished Area _____
Garage /Carport _____
of Parking Spaces: Enclosed _____ Outdoors _____
IL Roofing License # _____

Plumbing

Contractor _____
Address _____
Phone No. _____ Cell No. _____
Email Address _____
W. Closets _____ Sinks _____
Bathtubs _____ Showers _____
Floor Drain _____ Service Sinks _____
Size Wtr. Conn. _____ Backflow Prev. _____
Grease Trap _____ Other _____
IL License # 055 - _____

Electrical

Contractor _____
Address _____
Phone No. _____ Cell No. _____
Email Address _____
Service: Overhead Underground
Service Size:
Panel #1: _____ AMPS _____ VOLTS _____ PHASE _____ WIRE
Panel #2: _____ AMPS _____ VOLTS _____ PHASE _____ WIRE
Example:
200 AMPS 208Y/120 VOLTS 3 PHASE 4 WIRE

Mechanical

Contractor _____
Address _____
Phone No. _____ Cell No. _____
Email Address _____
Heat:
Quantity _____ Type _____ BTU _____
Flue _____ Fuel Line Size _____
Water Heater:
Quantity _____ Type _____ BTU _____
Flue _____ Gallons _____
Air Conditioner:
Quantity _____ Total Tonnage _____
Special Item _____ Qty _____

I hereby affirm the above statements are true and correct and comply with the provisions of the ordinances of the City of Edwardsville and adopted codes. I understand that I may need additional approval for the proposed improvements from the homeowner's association if applicable. I hereby certify that the proposed work is authorized by the owner of record and approval has been given by the owner for submission of such application.

Printed Name _____ (Signature) _____

Reviews: (OFFICE USE ONLY)

Building <input type="checkbox"/> ADA <input type="checkbox"/> Mechanical <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____
Electrical:	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____
Plumbing:	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____
Rental:	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____
Fire:	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____
Esmnt/Strmwtr:	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____
Zoning <input type="checkbox"/> Parking <input type="checkbox"/> Landscaping <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Approved _____	by _____

Permit Authorization Signature: _____ Date: _____