

City of St. Charles

Commercial or Industrial: Alteration or Repair



Building & Code Enforcement Division
2 East Main Street
St. Charles IL 60174
630.377.4406 (Office)

Please direct any and all questions to the Building & Code Enforcement Division:
Monday through Friday (8 AM to 4:30 PM) at 630.377.4406

A building permit is required prior to any construction of an industrial or commercial alteration or repair. The following are guidelines and comments for obtaining a building permit.

Application and Drawings Procedures

Interior Alteration or Repair

- ❑ An application is to be filled out and submitted to the Building & Code Enforcement. The contractors names, addresses, phone numbers and, if required, their license numbers are to be filled out when submitting the application.
- ❑ Three (3) sets of drawings sealed by an Illinois registered architect, showing the construction or remodeling details, are to be submitted with the application.
- ❑ An Electric Service application - If applicable must be completed and submitted with the application. In addition, any electrical work pertaining to the electric service the Electric Service Application must be accompanied by four (4) sets of drawings showing the complete electric service including a one-line service diagram, electric panel schedules and site location of utility transformer, sealed by a professional engineer or qualified architect are to be submitted with the original application. St. Charles Municipal Electric Utility Application must be original; no fax copies are acceptable.
- ❑ An Automatic Fire Sprinkler System Technical Submission document – Completely Filled Out is to be included at the time of the submittal.
- ❑ The Building & Code Enforcement Division and the Fire Prevention Bureau will conduct the review for interior alterations, remodel, or repair. Questions for the Building Zoning review should be addressed to our office at 630/377-4406. Questions for the Fire Prevention review should be addressed to their office at 630/377-4457.

Application – Permit Fees: *(All payments are to be made either in the form of cash, check, or money order)*

Interior Alteration or Repair

- ⇒ A **filing fee of \$375.00** is to be paid at time of submission of application and plans.
 - Additional fees for your permit are to be paid at the time the permit is approved and ready to be obtained.
 - Alterations are based upon estimated cost:
 - \$4,001 to \$24,000 at \$6.75 each/1,000
 - \$24,001 and above \$3.10 each/1,000
 - **Additional fees for utility connections, if required, such as electric, water, sewer connections or water meters are to be paid at the time the permit is approved.**
- ⇒ **Re-inspection fee.** During the construction of your project should you fail any of the required inspections there is a re-inspection charge. The fees are due prior to certificate of occupancy. The fee schedule is as follows;
 - \$65.00 per Building Department re-inspection for all types of inspections during construction (excluding finals)
 - \$80.00 per Fire Department re-inspection for all types of inspections during construction (excluding finals)
 - \$170.00 per re-inspection for all industrial, commercial, business and other non-residential final inspections.
- ⇒ **Temporary certificate of occupancies.** \$170.00 is due prior to issuance of a temporary certificate of occupancy for all industrial, commercial, business and other non-residential final inspections.

Consultation meetings:

The Building and Code Enforcement Division offers a consultation meeting where you will meet with City staff and discuss any questions or issues on your construction project. The meeting may be for a proposed project or a project that is currently under construction and can be held at the site location or in our office. To schedule this meeting, please contact our office at 630.377.4406.

Building Codes

The following are the Building Codes, which the City of St. Charles has adopted:

- St. Charles Municipal Code
- 2015 Int'l Building Code w/revisions
- 2015 Int'l Mechanical Code w/revisions
- 2014 Nat'l Electrical Code w/revisions
- 2014 IL State Plumbing Code
- 2015 Int'l Fuel Gas Code w/revisions
- 2015 Int'l Fire Codes w/revisions
- 2015 Int'l Energy Conservation Code
- IL Accessibility Codes
- NFPA Life Safety Code 2015 Edition

Inspections

The following is a list of inspections, which might be required for your project and the amount of time for the inspection.

- △ **Electric *** Approximately 1-hour and this is usually conducted with the framing inspection.
- △ **Frame *** Approximately 1-hour and this is usually conducted with the framing inspection
- △ **Ceiling Grid** Approximately 1-hour
- △ **Rough Plumbing** Approximately 1-hour
- △ **Insulation** Approximately 1-hour
- △ **Mechanical/HVAC** Approximately 1-hour
- △ **Final** Approximately 1 to 1 and ½ hour and is conducted with the Fire Prevention Bureau

*Frame and/or electric inspections will only be scheduled after all required plans have been submitted to the Fire Marshall.

Overtime Inspections:

The Building & Code Enforcement Division Manager or his designee may approve requests for overtime inspections for unique circumstances. The charge for an overtime inspection will be a separate charge and will be invoiced to the individual contractor or company who requested the overtime inspection.

Fire Prevention Inspections

- ▽ Full flow flush
- ▽ Underground fire supply pressure test
- ▽ Above ground sprinkler test(s)
- ▽ Kitchen fire suppression system
- ▽ Smoke evacuation test
- ▽ Emergency generator testing
- ▽ Fire alarm test
- ▽ Final Occupancy Inspection

Engineering Inspections

- Public water main
- Public sanitary sewer (air, mandrel, TV)
- Sidewalk, driveway and parkway
- Roadway repair/construction
- Grading – only after as-built received

General Comments

1. Compliance with above indicated codes, ordinances, and inspections required.
2. The plan review and stamped "FIELD COPY" of the plans are to be on the job site.
3. Minimum of 24-hour notice is required when scheduling any inspections.
4. Engineer shall certify the final grading of the site is in substantial compliance with the approved grading plan.
5. It is the responsibility of the general contractor to provide all sub-contractors with copies of all review comments and the required inspections which are needed.
6. Location of the electric service and transformer to be approved by the City's Electric Department (630/377-4407).
7. Electric water cooler shall comply with ANSI Section 4.15 and the Illinois State Plumbing Code 2014 Edition.
8. Each building/tenant space shall have one (1) main means of disconnecting the electrical service conductors from the building/tenant space.
9. Where an external main disconnect is not "readily accessible", an additional main disconnect must be installed inside building.
10. Utility Conduit to be no less than five (5") inches per City's specification.
11. One (1) line riser diagram of electric service is to be posted by main switchgear inside building.
12. Conductors entering the transformer shall be below the manufacturers mark line on the inside front panel of transformer. If the manufacturers mark has been removed, the conductors are to be below coils of transformer.
13. Provide a 15 or 20 amp G.F.I. receptacle outlet in an accessible location on the roof for serving the HVAC roof top units. The receptacles shall be on the same roof level and within 25 feet of the units. The receptacle outlets shall not be connected to the load side of the equipment disconnecting means.
14. All floor level area electric outlet receptacles are to be a minimum of 15 inches from finished floor to bottom of electric outlet.
15. Potable water piping system shall be disinfected in accordance to Section 890.1180 of the Illinois State Plumbing Code, 2014 Edition.
16. Provide a by-pass with locking valve around all water meters larger than one (1") inch. By pass to be same size as domestic water service, but in no case less than one (1") inch.
17. A reduced pressure backflow preventer (RP-BFP) listed by and bearing a label or seal of a nationally recognized testing laboratory as listed in Section 890 Appendix A Table A 39 of the Illinois State Plumbing Code 2014 Edition shall be installed between the potable water supply and the fire sprinkler system. (RP-BFP) to be installed inside building as close to the entrance of the potable water supply as possible and shall be placed so that it is readily accessible for inspection, testing, maintenance and/or replacement. A floor drain sized to accommodate any discharge from the (RP-BFP) shall be installed as close as possible to the (RP-BFP). The drain line from the reduced pressure backflow preventer shall waste into the sanitary drainage system through an air gap.
18. Any lawn sprinkler system connected to the municipal water supply shall be equipped with a RP-BFP listed and bearing a label or seal of a nationally recognized testing laboratory as listed in Section 890 Appendix A Table A39 of the Illinois State Plumbing Code 2014 Edition installed on the service side of the water meter serving the lawn sprinkler system.
19. A (RP-BFP) listed by and bearing a label or seal of a nationally recognized testing laboratory as listed in Section 890 Appendix A Table A 39 of the Illinois State Plumbing Code 2014 Edition shall be installed in the potable water supply inside the building as close to the entrance of the potable water service as possible and shall be placed so that it is readily accessible for inspection, testing and maintenance and/or replacement.
20. All reduced pressure backflow preventers (RP-BFP) shall waste to a floor drain sized to accommodate any discharge from the (RP-BFP). The drain line shall waste into the sanitary drainage system through an air gap.
21. Plumbing fixtures shall comply with Section 890 Appendix A Table A "Approved Materials and Standards for Plumbing Fixtures and Fixture Fittings."
22. Plumbing fixtures shall comply with Section 890.610 General Requirements - Material and Design."
23. Domestic water supply to boilers to be equipped with a backflow preventer conforming to Section 890.1130 Protection of Potable Water f)1)2) of the Illinois State Plumbing Code 2014 Edition.
24. All mechanical equipment, such as HVAC units, refrigeration units, and pool equipment located on the roof of any structure in any zoning district shall be screened from view from public streets and adjoining residential dwellings by its location on the roof (away from the parapet), by an architectural element of the building (e.g. a parapet), by a screening wall that is compatible with materials of the building, or a combination thereof.
25. Above ground DWV system shall be no less than schedule 40 or cell core PVC and shall be tested to top of stack or point of the connection into existing stack.
26. Underground DWV system shall be tested with no less than a ten-foot (10') head of water.

27. An occupancy certificate shall not be issued until all items listed on the Building & Code Enforcement; Fire Prevention, Planning, and Development Engineering, or other various Department's Permit Conditions have been addressed and approved.

One phone call to J.U.L.I.E. (1-800-892-0123) 48 hours prior to digging will notify all of the following public utilities. These service utilities need to be located and marked by utility representatives prior to starting any excavation, grading, or other work that is below the ground surface. You will receive a Dig Number, which you should record above along with the date of notification.

Utility	Color Code Marker
Electric Utilities	Red
Comcast	Orange
Northern Illinois Gas (NICOR)	Yellow
Sewer Utilities	Green
Telephone Utilities	Orange
Water Utilities	Blue

01.2019

**CITY OF ST CHARLES
AUTOMATIC FIRE SPRINKLER SYSTEM
TECHNICAL SUBMISSION**

Project Name: _____

Design Professional Contact Information:

Project Address: _____

Name: _____

Phone#: _____

Owner: _____

Fax#: _____

Occupant: _____

E-mail: _____

Applicable Codes and Standards:

2015 International Building Code, 2015

International Fire Code, 2015 NFPA 13,

2013 NFPA 14, 2013 NFPA 20, 2012 NFPA 30, 2013 NFPA 72

Water Flow Test Information:

Date: _____ Location: _____

Static Pressure: _____ Residual Pressure: _____ Flow: _____

Water Source: _____ Seasonal or local adjustment: _____

Witness: _____ Backflow Device(s) Required: _____

Water Quality Investigation (MIC or other): _____

Building Information:

Building Footprint (per square foot): _____ Building Height: _____

Number of stories: _____ Floor to floor height: _____ Basement: _____

System Requirements:

Fire Pump: _____ GPM: _____ Back-up power: _____

Water Storage Tank: _____ Standpipes: _____ Hose Stations: _____



Area #1

System Type: Wet | Dry | Pre-action | Antifreeze | Other _____

Description of use of area or hazard:

Hazard Class: _____

Design Criteria:

Density: _____ Sprinkler head: K- _____ Sprinkler Temperature: _____

Area and spacing per sprinkler (per square feet): _____ Spacing: _____

Provide indication if applying any density reduction i.e. Figure 16.2.1.3.4 or Fig 11.2.3.2.3.1

In rack or special sprinklers: _____

Use separate sheet to provide outline of commodity classification, packaging, storage height, storage arrangement, aisles size, open top containers.

Area #2

System Type: Wet | Dry | Pre-action | Antifreeze | Other _____

Description of use of area or hazard:

Hazard Class: _____

Design Criteria:

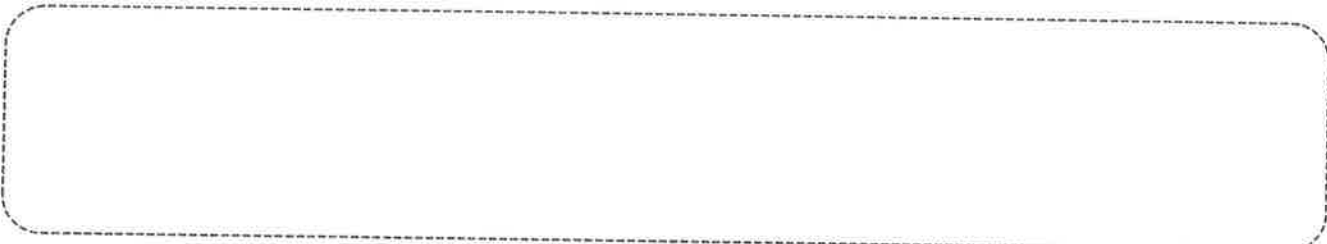
Density: _____ Sprinkler head: K- _____ Sprinkler Temperature: _____

Area and spacing per sprinkler (per square feet): _____ Spacing: _____

Provide indication if applying any density reduction i.e. Figure 16.2.1.3.4 or Fig 11.2.3.2.3.1

In rack or special sprinklers: _____

Use separate sheet to provide outline of commodity classification, packaging, storage height, storage arrangement, aisles size, open top containers.



Area # _____

System Type: Wet | Dry | Pre-action | Antifreeze | Other _____

Description of use of area or hazard:

Hazard Class: _____

Design Criteria:

Density: _____ Sprinkler head: K- _____ Sprinkler Temperature: _____

Area and spacing per sprinkler (per square feet): _____ Spacing: _____

Provide indication if applying any density reduction i.e. Figure 16.2.1.3.4 or Fig 11.2.3.2.3.1

In rack or special sprinklers: _____

Use separate sheet to provide outline of commodity classification, packaging, storage height, storage arrangement, aisles size, open top containers.

Area # _____

System Type: Wet | Dry | Pre-action | Antifreeze | Other _____

Description of use of area or hazard:

Hazard Class: _____

Design Criteria:

Density: _____ Sprinkler head: K- _____ Sprinkler Temperature: _____

Area and spacing per sprinkler (per square feet): _____ Spacing: _____

Provide indication if applying any density reduction i.e. Figure 16.2.1.3.4 or Fig 11.2.3.2.3.1

In rack or special sprinklers: _____

Use separate sheet to provide outline of commodity classification, packaging, storage height, storage arrangement, aisles size, open top containers.



City of St. Charles
Municipal Electric Office
 1405 S 7th Avenue, St. Charles, IL 60174
 630/377-4407

Electric Service Application – New Service/Upgrade
 (Each individual service will require a complete and separate application)

Name: _____ Phone: _____
 Original Signature: _____ Fax: _____
 Contact Name: _____ Phone: _____
 Email Address: _____
 Application Date: _____ Requested Service Date: _____
 Note: This application will be null and void if work is not completed within 6 months from said application date.

Existing Building	Other	New Building	Service Voltage Requested
<input type="checkbox"/> Residential	<input type="checkbox"/> Temp Connection	<input type="checkbox"/> Residential: Single family	<input type="checkbox"/> Single Phase 120/240
<input type="checkbox"/> Commercial	<input type="checkbox"/> Street Lights	<input type="checkbox"/> Residential: Multi Family	<input type="checkbox"/> Three Phase
<input type="checkbox"/> Industrial	<input type="checkbox"/> Traffic Signals	estimated # of units _____	_____ 120/208
<input type="checkbox"/> Upgrade Service	<input type="checkbox"/> New Service	<input type="checkbox"/> Commercial	_____ 277/480
<input type="checkbox"/> Relocate Service	<input type="checkbox"/> Relocate	<input type="checkbox"/> Commercial: Multi Family	_____ Other
<input type="checkbox"/> Convert OH to UG	<input type="checkbox"/> Antenna Site	estimated # of units _____	
	<input type="checkbox"/> Signage Lights	<input type="checkbox"/> Industrial	
		<input type="checkbox"/> Other	

Service Panel:
 Present Rating (amps) _____ Proposed Rating (amps) _____ Proposed Connected KW: _____
 Present Peak KW (Demand) _____ Estimated Peak KW (Demand) _____

SERVICE ADDRESS
 (A complete and accurate service address is required before service may be installed)

Street Address: _____
 Subdivision: _____ Lot # _____ Real Estate Permanent Tax # _____
 Legal Description (attach sheet if necessary): _____
 Record Titleholder of property: _____
 If property is held in trust, identify beneficial owner (s): _____
 Address: _____

CUSTOMER BILLING INFORMATION
 (This information will be used for utility billing purposes)

Name: _____
 Street Address: _____
 City/State/Zip _____ Phone: _____
 Authorized representative or agent: _____
 Title: _____ Phone: _____
Note: Only Cash or Check can be used for payment.

BUILDING DIVISION OFFICE USE

Application Accepted By: _____

Date Application Received: _____

Date Payment Received: _____

Method of Payment: _____

Building Permit No.: _____

ELECTRIC DEPARTMENT CHARGES

Charges Calculated by: _____

Date: _____

<u>ITEM</u>	<u>ACCOUNT #</u>	<u>CHARGES (\$)</u>	<u>AMOUNT PAID</u>
Project Cost:	- 200999 45405	_____	_____
SOCC: VACANT	200999 48500	_____	_____
SECC: VACANT	200999 48501	_____	_____
SOCC:	200999 48502	_____	N/A
SECC:	200999 48503	_____	_____
Upgrade Charges:	200999 48504	_____	_____
Engineering:	200999 45206	_____	_____
Temp Connection:	200999 45407	_____	_____
Electric Improvement:	200999 45404	_____	_____
Relocation	_____	_____	_____
Subtotal		_____	N/A
Less contribution- if applicable		_____	N/A
Total Amount of Charges:		_____	_____

Electric Project No.: _____



CITY OF ST CHARLES
Application for Building Permit for Commercial/Industrial Alteration

DEPARTMENT: Building & Code Enforcement Division

PHONE: (630) 377-4406 FAX (630) 443-4638

Application Date: _____ **Parcel No.** _____ **Permit No.** _____

PLEASE PRINT ALL INFORMATION

I, _____, do hereby apply for a permit for the following described work

located at _____ Estimated Cost: _____

Description of proposed work: _____

Square feet of building: _____ **No. & Size of electric meter** _____ **No. & Size of water meters:** _____

Name of business at this location: _____

Check List for Submittal of Application:

- Is your property located in the Historic Preservation District? Yes/No If yes, your application and plans will need to be reviewed by the Historic Preservation Committee.
- Is your property located in the RT or CBD Zoning District? If yes your application and plans are to have an Architectural Consult Meeting with our Planning Division before we can issue your permit.
- Building Permit Application – Completely Filled Out.
- An Automatic Fire Sprinkler System Technical Submission document – Completely Filled Out is be included at the time of the submittal.
- Three-3 sets of drawings that are stamped by an Illinois Architect, showing all construction details.
- Electric service application – If applicable – Four-4 sets of drawings showing electrical one-line diagram, panel schedules.
- Letter of Intent - If any plumbing is being conducted, a Letter of Intent from the Plumbing Contractor is required. The letter must be on company letterhead indicating they are the plumbing contractor conducting the plumbing work for this particular job. The Letter of Intent is required to have company seal or be notarized.
- A copy of the Plumbing Contractor’s Illinois State Plumbing License and their Illinois State Contractor License.
- If any roofing is being conducted we need a copy of the Roofing Contractor’s Illinois State License.
- Submittal fee of **\$375.00 BY CASH OR CHECK PAYABLE TO CITY OF ST. CHARLES.**

Owner of the Property:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____

Applicant:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____

General Contractor:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____

Electrical Contractor:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____

**Commercial/Industrial Alteration-Repair
Application
Page 2**

Plumbing Contractor:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____
Illinois License No. _____

Roofing Contractor:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____
Illinois License No. _____

Concrete Contractor:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____

HVAC Contractor:

Name: _____
Address: _____
City/State/Zip Code: _____
Email: _____
Telephone NO. _____

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: _____ SIGNATURE: _____

REPORT OF THE BUILDING OFFICIAL

Remarks: _____

Accepted: _____ Rejected: _____ Date: _____
Signed: _____

For Office Use
Received _____
Fee Paid \$ _____
Receipt # _____
Check # _____

Copies of application distributed to:			
Electric: _____	Development Engineering: _____	Fire: _____	
Planning: _____	Engineering/PW: _____	Sewer: _____	
Water: _____	Historic Preservation: _____		