

# BUILDING PERMIT APPLICATION

Check project type:

☐ Elevator, New      Number of units: \_\_\_\_\_

☐ Elevator, Repair or Modification; please describe: \_\_\_\_\_



FOR OFFICE USE ONLY  
☐ HOA    ☐ LGFPD    ☐ CFPD  
DATE STAMP

**Project Value: \$** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ PIN #: \_\_\_\_\_

**Property Owner(s) Name(s):** \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell /Alt Ph #: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ Same as Property Owner

**Occupant's Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell /Alt Ph #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Responsible Party, i.e. Management Company /Person:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell /Alt Ph #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please complete/check all that apply to this property:**

☐ Residential    ☐ Commercial    Property Zoning: \_\_\_\_\_

☐ Long Grove Fire Protection District    ☐ Countryside Fire Protection District

Is this elevator part of another project?    ☐ No    ☐ Yes; Permit #: \_\_\_\_\_

**Please submit the following with your permit application:**

☐ \$50.00 application fee, non-refundable. The balance of permit fees is calculated upon review, per Village Code Title 12: Fees and Costs.

☐ \$1,500.00 security deposit, refundable; as per Village Code Title 12-1-2(U).

☐ Completed Thompson Elevator\* review form (5 pages, attached) and required documents

\*Thompson Elevator Inspection Services Inc. is the Village elevator consultant for all elevator plan reviews, code compliance, and inspections. Contact Thompson Elevator directly at (847) 296-8211, or visit [www.thompsolelevator.com](http://www.thompsolelevator.com), for specific elevator code requirements, plan review questions, and separate elevator inspection fee information.

## SUBMIT YOUR APPLICATION ELECTRONICALLY

Digital copies of permit applications, supporting plans, and documents are preferred. Email your completed permit application and required attachments to the Long Grove Building Commissioner at [mromanello@longgroveil.gov](mailto:mromanello@longgroveil.gov). Failure to include all of the required attachments may delay the permitting process. Pay the listed application fee and security deposit online at [www.longgroveil.gov](http://www.longgroveil.gov) (or drop off a check at Village Hall, if you prefer.) If paying online, include a copy of the paid receipt with your permit application.

## VILLAGE OF LONG GROVE BUILDING APPLICATION AND PERMIT

No one shall work on a project until after a permit has been issued. Starting work without a permit will result in a fine and will cause the cost of the permit to be double the normal permit amount. After your permit has been issued, please post the yellow permit card in a prominent place on the premises, visible from the road or driveway. The Village-approved permit plans need to be available to the inspectors at every inspection.

### VILLAGE CODES

(Effective 6/1/2015) Code amendments and local ordinances are available online at [www.longgroveil.gov](http://www.longgroveil.gov) or at the Village office.

2015 International Building Code  
2015 Int'l Residential Code  
2015 Int'l Mechanical Code  
2014 National Electrical Code  
2014 Illinois State Plumbing Code  
2015 Int'l Fire Code  
2015 Int'l Fuel Gas Code  
2015 Int'l Existing Building Code  
Illinois Accessibility Code (New, 10/23/18)  
2015 Int'l Property Maintenance Code  
2015 Int'l Wildland - Urban Interface Code  
2015 Int'l Swimming Pool and Spa Code  
2018 Int'l Energy Conservation Code (per IL, 7/1/19)

### BUILDING INSPECTIONS

Please refer to the Village-approved permit plans for a list of required inspections specific to this permit. Typical inspections for new residence permits are: site stakeout, footing pre-pour, foundation wall pre-pour, foundation backfill, underground plumbing, floor pre-pour, electrical service, water service, sanitary sewer service, rough framing/ electrical/ mechanical/ plumbing, insulation, final building/ electrical/ mechanical/ plumbing for Certificate of Occupancy. Additional building inspections required where applicable are: fireplace, stoop and flatwork pre-pours, in-floor radiant heating, storm sewer, driveway, culvert, deck piers/rough/final. This list is not all-inclusive.

### SCHEDULING INSPECTIONS: CALL (847) 634 - 9440

Please call the Village office before 12:00 noon, Monday through Friday, to schedule a next-business-day inspection. Inspections are performed between 8:00 a.m. and 12:00 p.m. on regular business days. Requests after 12:00 noon will be scheduled no earlier than the second business day; specific appointment times may not be requested. Please have the project address and permit number available when calling to schedule inspections.

### YOUR COOPERATION WILL HELP TO PREVENT DELAYS OR STOPPAGE OF CONSTRUCTION

In consideration of this application and attached forms being made a part thereof, and the issuance of permits, I/we will conform to the regulations set forth in the Long Grove Village Code and any other applicable regulations. I/we also agree that all work performed under said permit will be accordance with the plans and plot diagram which accompanies this application, except for such changes as may be authorized by the building official, and that I/we will use the building only for the purpose as stated in this application.

I/we further state that I/we make this application in order to induce the Department of Building and Zoning of the Village of Long Grove, Illinois to issue its official permit for the uses stated herein.

I/we being duly sworn my/our oath have reviewed the permit application and state that all items completed are accurate and correct. I/we hereby acknowledge that it is unlawful to occupy a residence without a Certificate of Occupancy. One will not be issued until the structure conforms to all applicable ordinances and unless and until the project is serviced by an approved septic or sanitary sewer where applicable and required, I/we further acknowledge that this permit application will become null and void if the proper inspection schedule is not followed by our contractors and subcontractors. I/we understand that extra inspections, re-inspections, reviews of revisions, red tags, and any violations of the building code may result in additional fees for which I/we will be responsible.

**I have read this application and fully understand the intent:**

X

Signature of ☐ Property Owner ☐ Authorized Agent for the Owner

Printed Name

Date

*For Office Use Only*

**PERMIT NO.** \_\_\_\_\_

This permit is granted upon the expressed condition that only such construction or improvements as located on the application with plot plan forming a part hereof and described in the application, that no error or omission in either plans or application, whether said plans and application have been approved by the Village of Long Grove or not, shall permit the applicant to construct the work in any manner other than provided for in the ordinances of Long Grove, Illinois.

**Permit Term:** This permit is valid for a term of eighteen (18) months from the date of issuance. This term may be extended for one additional six-month period, for a total of twenty-four (24) months, by means of written request to the Building Department and a payment of a \$100.00 permit renewal fee. Beyond twenty-four months, the security deposit, if any, is subject to reduction and/or forfeiture in accordance with the Village of Long Grove Code and Building Regulations.

**Fee of \$** \_\_\_\_\_ **Paid on:** \_\_\_\_\_ **Date of Issuance:** \_\_\_\_\_

**Village Official:** \_\_\_\_\_

**CONSTRUCTION HOURS:** Monday through Friday 7:00 a.m. to 7:00 p.m., Saturday 8:00 a.m. to 5:00 p.m., and Sunday, by an owner or occupant performing work on his or her own residence or property, 10:00 a.m. to 5:00 p.m. (Ord. no. 2003-O-26)

**VILLAGE OF LONG GROVE BUILDING PERMIT APPLICATION  
CONTRACTOR LIST**

FOR OFFICE USE ONLY
RFD
NAME
PROJECT

Please list all contractors for your proposed project.

**General Contractor Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ *Check here if no architect on this project*

**Architect Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell /Alternate Phone #: \_\_\_\_\_

**Elevator Installer Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ *None*

**Other Contractor Company Name:** \_\_\_\_\_

**This contractor is responsible for:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

# Elevator New Construction and Modification Plan Review Required Documents

For either new construction or modification plan review submittal, we require the following: **THREE** sets of elevator layout shop drawings with address of building and number of elevator(s) stamped "FINAL", an information sheet containing building address, name, elevator # and type, capacity, # of stops, and elevator type of power.

<b><u>Permit Description</u></b>	<b><u>Documents Required</u></b>	<b><u>Sets</u></b>
<b>Cylinder</b>	Our cylinder sheet, specs/scope of work job specific, catalog cut sheets, layout drawing showing cylinder, pit equipment, run bys, and rise	3 of all marked "FINAL"
<b>Valve</b>	Our info sheet, specs/scope of work job specific, catalog cut sheets specific to valve replacement *Shut off if not one provided	3 of all marked "FINAL"
<b>Tank, Pump, Valve, Oil Line, &amp; Muffler</b>	Our info sheet, specs, catalog cut sheets of specific pump unit, *mech room layout showing location of new and existing equipment*, and door swing *Note: Shutoff to be installed in room if not done already	3 of all marked "FINAL"
<b>Full Mod Controller Cop</b>	Our info sheet, specs/scope of work, catalog cut sheets of specific controller for mod, machine room layout showing new controller and any existing equipment show elec service and door location	3 of all marked "FINAL"
<b>Fixtures</b>	Our info sheet, specs/scope of work, catalog cut sheets, layouts showing actual fixtures and locations	3 of all marked "FINAL"
<b>Door package, New operator, Tracks hangers, Door equipment *Not sensors if only that alone</b>	Our info sheet, specs/scope of work, catalog cut sheets, layouts if applicable	3 of all marked "FINAL"
<b>New Install</b>	Elevator layout shop drawings, address of building, number of elevator (s), stamped "FINAL"	3 of all marked "FINAL"

- ❖ As of 7-1-2010, the above listed items will be required in order to complete the plan review process for your submittal. Enclosed are forms to assist you in providing information for your submittal. These forms are to accompany **your** plan review packet. Failure to submit the required information could result in plans being not reviewed in a timely fashion.

Thank you,  
Patty Young

THOMPSON ELEVATOR INSPECTION SERVICE, INC.

# ELEVATOR CYLINDER REPLACEMENT FORM

- Complete form
- Stamp each set "Final Shop Drawing"
  - Set includes:
    - Our cylinder sheet
    - specs/scope of work job specific
    - catalog cut sheets
    - layout drawing showing: cylinder, pit equipment, run bys, and rise
- Submit the stamped three (3) sets for review
  - This is your plan review packet/documents

Date: \_\_\_\_\_

Job Location: \_\_\_\_\_

Address: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

Elev Co: \_\_\_\_\_ IL# \_\_\_\_\_

Contact: \_\_\_\_\_

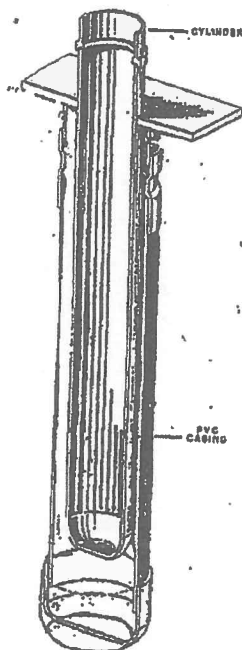
Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Unit #: \_\_\_\_\_ Reg# \_\_\_\_\_ Type: ☐ Pass ☐ Freight Speed: \_\_\_\_\_ FPM

Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Total Travel: \_\_\_\_\_



(\*\*\*To be Installed\*\*\*)

## **ELEVATOR VALVE REPLACEMENT FORM**

- Complete the Valve Replacement Form
- Stamp each set "Final Shop Drawing"
  - Set includes:
    - Our info sheet
    - Specs/scope of work job specific
    - Catalog cut sheets specific to valve replacement
- Submit the stamped three (3) sets with your plan review packet
  - This is your plan review packet/documents

Date: \_\_\_\_\_

Job Location: \_\_\_\_\_

Address: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

Elev Co: \_\_\_\_\_ IL# \_\_\_\_\_

Contact: \_\_\_\_\_

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

Fax \_\_\_\_\_

Email: \_\_\_\_\_

Unit #: \_\_\_\_\_ Convey/Reg# \_\_\_\_\_ Type: ☐ Pass ☐ Freight Speed: \_\_\_\_\_ FPM

Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Total Travel: \_\_\_\_\_

☐ TYPE OF VALVE  
Quick Release Fitting

\_\_\_\_\_

# **TANK/PUMPING UNIT/OIL LINE/MUFFLER - VALVE REPLACEMENT**

## **FORM**

- Complete form
- Stamp each set "Final Shop Drawing"
  - Set includes:
    - Our info sheet
    - Specs
    - Catalog cut sheets of specific pump unit
    - \*Mech room layout showing location of new and existing equipment\*
    - Door swing
- Submit the stamped three (3) sets with your plan review packet
  - This is your plan review packet/documents

Date: \_\_\_\_\_

Job Location: \_\_\_\_\_

Address: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

Elev Co: \_\_\_\_\_ IL# \_\_\_\_\_

Contact: \_\_\_\_\_

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

Fax \_\_\_\_\_

Email: \_\_\_\_\_

Unit #: \_\_\_\_\_ Reg# \_\_\_\_\_ Type: ☐ Pass ☐ Freight Speed: \_\_\_\_\_ FPM

Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Total Travel: \_\_\_\_\_

☐ TYPE OF TANK (PUMP)

☐ TYPE OF VALVE

Quick Release Fitting \_\_\_\_\_

**ELEVATOR**  
**FULL MOD-CONTROLLER / FIXTURE COP / DOOR PACKAGE**

Check box which applies:

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- Complete form
- Stamp each set "Final Shop Drawing"
  - Set includes:
    - Our info sheet
    - Specs
    - Catalog cut sheets of specific pump unit
    - \*Mech room layout showing location of new and existing equipment\*
    - Door swing, disconnect locations main and car light
- Submit the stamped three (3) sets with your plan review packet
  - This is your plan review packet/documents
- ❖ If your mod includes all that is listed above, submit all info with your plan review package.  
Check box which applies to your project
- ❖ Hydraulic equipment to be submitted on separate info forms

Date: \_\_\_\_\_

Job Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Village/Town/City: \_\_\_\_\_

Elev Co: \_\_\_\_\_ IL# \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Unit #: \_\_\_\_\_ Reg# \_\_\_\_\_ Type: ☐ Pass ☐ Freight Speed: \_\_\_\_\_ FPM  
Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Total Travel: \_\_\_\_\_

☐ **TYPE OF CONTROLLER**  
Motion, Swift, Vertitron, etc.

☐ **TYPE OF DOOR EQUIPMENT**  
GAL, ECI, MAC, etc.

☐ **TYPE OF FIXTURE EQUIPMENT**  
Innovation, Adams, etc.