



Renovation Permit

Building Permit Application

USE BLACK INK:
DO NOT WRITE IN SHADED AREA

HOLDS:

APPLICATION PERMIT NO.: **100313811** **10/05/2009**

DS APPLICATION NO.: _____

DATE ISSUED: _____

	Y	N		Y	N
Stop Order(s):		X	Violations		X
Landmark		X	Special Admin. Hold		X
Lakefront Protection		X	Other		X
Flood Plain		X			

1. GENERAL INFORMATION

(Provide Original House Number for new construction.) Please enter second address if on a corner

Address: **921 S WESTERN AVE** Address: _____

CHICAGO, IL 60612- _____

Property Index Number(s) (PIN)
(required):
1 17-18-314-018-0000

Number of dwelling units, number of stories, building use, description of proposed work and parking:
Dwelling Units: **0** Stories: **3** Building Use: _____

Description: **BUILDING ALTERATIONS AS PER PLANS TO INCLUDE RE-BUILDING A WOOD PORCH**

Enter permit number if revision to an existing permit:

Cost of Construction: **\$10,000.00**

2. CLASSIFICATION BY OCCUPANCY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Class A1 Residential | <input type="checkbox"/> Class D Open Air Assembly | <input type="checkbox"/> Class H1 Storage Low Hazard |
| <input checked="" type="checkbox"/> Class A2 Residential | <input type="checkbox"/> Class E Business | <input type="checkbox"/> Class H2 Storage Mod. Hazard |
| <input type="checkbox"/> Class B Institutional | <input checked="" type="checkbox"/> Class F Mercantile | <input type="checkbox"/> Class H3 Garages |
| <input type="checkbox"/> Class C1 Assembly | <input type="checkbox"/> Private Garage | <input type="checkbox"/> Class I Hazardous |
| <input type="checkbox"/> Class C2 Assembly | <input type="checkbox"/> Class G1 Indus. Low Hazard | <input type="checkbox"/> Class J Misc. Building |
| <input type="checkbox"/> Class C3 Assembly | <input type="checkbox"/> Class G2 Indus. Mod. Hazard | <input type="checkbox"/> Technology Center |

3A. BUILDING INFORMATION FOR EXISTING BUILDING:

	Const Class	No. Stories	Basements	No. D. U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Existing	3C	3	0	0	0	0	0	36	2,398	23,987

3B. BUILDING INFORMATION FOR NEW CONSTRUCTION (IF APPLICABLE):

	Const Class	No. Stories	Basements	No. D. U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Addition										
New Bldg. (Front or Rear)										
Detached Garage										
Fence										
Trash Enclosure										

3C. BUILDING INFORMATION FOR RENOVATION (IF APPLICABLE):

	Const Class	No. Stories	Basements	No. D. U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Area to be Renovated	3C	3	0	0	0	0	0	36	2,398	23,987

4. ZONING INFORMATION: (See Site Plan in Drawing of lot and buildings, showing dimensions, streets, alleys, setbacks, existing landscaping and north arrow.)

Plat of Survey:	Area of Lot:
Plat Number:	Height of Building: 36
Zoning District/P.D. #:	Area and Volume of building: Area = 2,398 sf Volume = 23,987 cf
Zoning Use:	Number of Parking Spaces:
Front or Rear Building:	Number of Loading Spaces:
Special Zoning Permission Required for Administrative Adjustment, Variance or Special Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Case Number:	
Comments Section: C2-2	
Signature of Approval:	Date:

5. FIRE PREVENTION ITEMS:

	Yes	No		Yes	No
Existing Sprinkler System:			Flammable Liquids:		
Install Full Sprinkler System:			Coorrosive Liquids:		
Install Partial Sprinkler System (Designate Areas to be Sprinklered):			Hazardous Chemicals:		
Extend Existing Sprinkler System (Designate Areas to be Sprinklered):			Oxidizing Materials:		
Relocate Sprinkler Heads Only:			Highly Flammable Materials:		
Existing Standpipe System:			Fume Hazardous Gases:		
Install New Standpipe System:			Flammable Compressed Gases:		
Existing Fire Alarm System (Choose One) <input type="checkbox"/> Class I <input type="checkbox"/> High Rise <input type="checkbox"/> Class II <input type="checkbox"/> Other, clarify			Dust Producing Equipment:		
Install New Fire Alarm System (Choose One) <input type="checkbox"/> Class I <input type="checkbox"/> High Rise <input type="checkbox"/> Class II <input type="checkbox"/> Other, clarify			Is this permit for modifications to the building in order to pass the Life Safety Evaluation as per code section 34 (13-196-206)?		

6. MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES ITEMS

Is the project Government Financed, subsidized or guaranteed? Yes No

If yes, specify type of funding: city, state or federal.

RENOVATION PROJECTS ONLY:

Provide total alteration cost in last 30 months using EAC/ERC = **0.00%**

EAC = Estimated Alteration Cost for Budget + Alteration Cost in last 30 Months (EAC=0.00 + ALT30= 0.00)

ERC = Estimated Reproduction Cost = Work Area (sf) x New Construction Cost per sf (ERC=0.00)

HOUSING PROJECTS ONLY (Submit Part II Letter of Approval at intake meeting, if applicable.):

Number of Government Funded Dwelling Units: 0 _____ Planned Development Type: _____
 Total Number of Dwelling Units: 0 _____ Chicago Public Schools (Y or N): _____
 Approx. Area Per Story: 0 _____ Multiple Dwellings: _____
 Structure with four or More Units: _____ Single Family Residential (Detached): _____
 New Homes For Chicago Project: _____
 Attached Multi-Story Single Family Residential Units with Separate Means of Egress: _____
 Other: _____

	Proposed No. D.U.	Actual No. D.U.
Accessible Lodging Units [1107.5.1.1 (ANSI Section 1002)]	0	
Units with Communication Features [1107.5.1.1 (ANSI Section 1005)]	0	
Accessible Units with Communication Features [1107.5.1.1 (ANSI Section 1002 +	0	
Type A [1107.5.2.2 (ANSI Section 1003)]	0	
Type B [1107.5.2.3 (ANSI Section 1004)]	0	
Type A & B with Conduit Lines [1107.5.2.4]	0	
Visitable [1107.5.4.3 and 1107.5.5.3]	0	
Attached Multi-Story SFR Units with separate means of Egress [1107.5.4.3 + 1107.5.5.3]	0	
Section 504 Accessible Units [1107.5.5.5.1 and (U.F.A.S. Sec. 4.34)]	0	
Section 504 Accessible Units with Communication Features [1107.5.5.5.2 and 1107.5.5.5.4(ANSI Section 1005)]	0	
Zoning Incentive Building Type A Units [17-2-0304 A & B, 17-2-0311 A & A (a) (Zoning Code) (ANSI Section 1003)]	0	
Change of Occupancy (20+ Units)		
Planned Development #	0	

7. ENVIRONMENTAL ITEMS

	Yes	No		Yes	No
Boiler(s)			Dry Cleaning Machinery		
Gas Fired Hot Water Heater(s)			Manufacturing Process Equipment and Control Devices		
Gas Fired Package Rooftop, Furnaces			Manufacturing Process Equipment or Area, Hazardous/Flamable Storage		
Unit Heaters or other Gas Fired HVAC Units			Air Pollution Control Devices		
Unfired Pressure Vessel (Air Tanks, Heat Exchanger, Hot Storage Tanks)			Paint Spray Booth or Paint Spray Area		
Commercial Cooking Equipment or Food Preparation Unit			Paint Spray Booth or Paint Spray Area in Motor Vehicle Repair Shop		
Emergency Generator			New Incinerator or Afterburner Equipment		
Underground/Aboveground Storage Tank Unit (Apply at DOE)			Sandblasting, Grinding or Masonary, or Chemical Cleaning of Any Architectural Surface		
Compactor or Bailer					

8. REMARKS AND APPROVALS

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

9. CONTACT INFORMATION

Owner/Tenant/Agent: JASON FAIRCHILD Lic. OWNOCC
 Address: 917 S. WESTERN CHICAGO IL 60645
Street City State Zip
 Email: NONE@NONE.COM Phone: (312)498-9832
 Emergency Contact: _____ Phone: _____

Arch./Eng.: ORLIN KONSTANTINOV Lic. 1020347
 Comp./Firm: ORLIN KONSTANTINOV
 Address: 10 SAMUEL DR STREAMWOOD IL 60107-
Street City State Zip
 Email: US@KBPARTNERSHIP.COM Phone: (708)948-7332 x

General Cont: _____ Lic. _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

Mason Cont: _____ Lic. _____
 Comp./Firm: _____ A, B, or C
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

Elect Cont: _____ Lic. _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

Vent/Heat Cont: _____ VID #: _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

Refrig/AC Cont: _____ VID #: _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

Plumb. Cont: _____ Lic. _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

Expiditor: _____ Lic. _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

*Local Architect: _____ Lic. _____
 Comp./Firm: _____
 Address: _____
Street City State Zip
 Email: _____ Phone: _____

(* If your licensed Architect is not located in the State of Illinois, you have the option to identify a local Illinois licensed Architect to represent you at DCAP to attend meetings and Attend Open Plan Review.)

WARNING TO PROPERTY OWNER/TENANT AND GENERAL CONTRACTOR

I, _____, as property owner/tenant, and I, _____, as general contractor, understand that it is against the law to exceed the scope of a building permit. I understand that if I build, or allow anyone else to build, any building, room addition, structure or other object that differs from, or in any way exceeds, what this permit authorizes me to build, I can and will be severely punished. I understand that if I exceed, or allow anyone else to exceed, the scope of this building permit, I can have my permit revoked; be ordered to stop all work on the project; fined up to \$5,000.00 per day; imprisoned for up to six months; required to do up to 100 hours of community service; required to tear down at my own expense all completed work; and, in addition to any other penalties provided by law, required to reimburse the City up to three times any damages incurred for providing any false or inaccurate information in this building permit application. I understand that all construction work under this proposed permit must conform to the requirements of the Chicago Building Code and, if it does not, I acknowledge that I can and will be severely punished.

Owner Signature _____ Date _____

-or-

Tenant Signature (if applicable) _____ Date _____

and-

General Contractor Signature _____ Date _____

CERTIFICATION BY PROPERTY OWNER/TENANT

I, _____, as property owner/tenant, hereby certify that the statements in this application are true; that I have legal authority to do the work authorized by this proposed permit on the property identified in this Application; that all construction work under this proposed permit will conform to the requirements of the Chicago Building Code under possible penalty of prosecution; and that if the construction work authorized under this proposed permit does not conform to the requirements of the Chicago Building Code, I will do whatever is necessary to correct the Code violation. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Owner Signature _____ Date _____

-or-

Tenant Signature (if applicable) _____ Date _____

Does the Owner require a Residential Real Estate Developer's License to do the proposed work at this address? Yes ___ No ___

If yes, license number _____

CERTIFICATION BY EXPEDITOR

I, _____, as expeditor, hereby certify that the statements in this Application are true. I understand that any false or inaccurate information contained in this permit Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Expeditor _____ Expeditor No. _____ Date _____

CERTIFICATION BY DESIGN PROFESSIONAL

I, _____, as design professional, hereby certify that all information contained in this Application under item numbers 1, 2, 3A, 3B, 3C, 5, 6 and 7 is complete and accurate to the best of my knowledge. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Licensed Architect or Structural Engineer of Record Date _____

License Number _____