

Department of Planning and Development
McHenry County Government Center - Administration Building

2200 North Seminary Avenue
Woodstock, Illinois 60098



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**COMMERCIAL/INDUSTRIAL CONSTRUCTION
SUBMITTAL CHECKLIST**

- 1) Completed Permit Application.
- 2) A Site Plan showing lot dimensions, structures and the proposed construction with setbacks for zoning purposes.
YOU MAY USE A COPY OF THE ENGINEERED SEPTIC DESIGN W/O HEALTH APPROVAL.
- 3) A Current Plat of Survey.
- 4) A Three sets of **DETAILED** construction plans at 1/4" = 1'-0" scale, signed and sealed by an Illinois Licensed Architect or Structural Engineer. Include the following:
 - **-Foundation Plan** (include piers, footings, beams & columns with sizes & locations, etc.)
 - **-Floor Plans** (include material and sizes of joists & rafters, electrical layout, plumbing, doors & window sizes and schedule, fire rated wall or door information, handicap accessibility, etc.)
 - **-Exterior Elevation Views** of all sides (include elec, windows, rooftop mechanicals, roof vents, etc.)
 - **-Detailed Wall Sections** (include all fire walls/barriers along with UL number, all necessary notes, etc.)
 - **-Truss Certificate** signed and sealed by an Illinois Structural Engineer or Architect.
 - **-COM CHECK** report showing compliance with the State of Illinois adopted (IECC) International Energy Conservation Code.
- 5) This department will forward one of your plans to the local Fire Protection District.
- 6) Commercial plans must have entry and exit ramps, aid bars, wide doors and meet the requirements of the IL Compiled State Statutes, Chapter III, facilities for the Handicapped Act.
- 7) Commercial/Industrial Plan Review form. (Not required if information is provided on the building plans)
- 8) Two sets of the stormwater management, parking and screening plan if required. (Per McHenry County Zoning Ordinance Sec. 405)
- 9) Well/Septic System Impact Review Sheet/**or Health Department approval.**
 - A copy of your current septic system will be required to verify if proposed work meets the Health Department setbacks. **If a plan is not provided by the Health Department or our archival records, we will require a Health Department review and signoff to verify the location of your septic and well.**
- 10) Any addition or increase in occupants will require a Health Department review and sign-off.**
- 11) A nonrefundable Review Fee must be paid at the time of application. Cash or Check Only.**
- 12) Applicant/owner will be responsible to adhering to the McHenry County Stormwater Ordinance which may require additional information and a stormwater permit**
- 13) An approved septic and well drawing from the Health Department.**
- 14) A letter from the appropriate fire district indicating their review has been completed.**
- 15) An access permit or sign off is required from the appropriate road district. [IDOT for state highway's, MCDOT for county highway's or Township Road Commissioner for township roads]**
- 16) A copy of the plumber's state license and registration as well as a letter of intent and the roofer's state roofing license if necessary.**
 - **The items in red are not required at the time of applying, but is required prior to issuing the permit.**

Office Use Only
Zoning _____
Category _____

PERMIT APPLICATION FOR NEW COMMERCIAL/INDUSTRIAL OR ADDITIONS

OWNER INFORMATION:	CONTRACTOR INFORMATION:
Name _____	Name _____
Address _____	Address _____
City, St, Zip _____	City, St, Zip _____
Daytime Phone _____	Phone _____

PARCEL INFORMATION:
Address _____
City _____ Zip _____ Property Phone: _____ (If Applicable)
Parcel/Tax Number _____
Lot _____ Block _____ Unit _____
Subdivision _____

Mail Permit To: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Pickup	Intended Use: _____
Construction: <input type="checkbox"/> New <input type="checkbox"/> Addition	Number of Stories: _____
Building: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	Number of Rooms/Offices: _____
Building Type: <input type="checkbox"/> Private <input type="checkbox"/> Public	Bathrooms: _____

Electrical Wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amps 100____ 200____ 4000____ 800____ Other____
Type of Heat <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water	Wall Type: _____
Central Air? <input type="checkbox"/> Yes <input type="checkbox"/> No	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Fireplaces and/or Woodburning Stoves _____	
Chimney Type: _____	

Total # of Plumbing Fixtures: _____
Sink _____ Toilets _____ Tubs _____ Showers _____ Misc. _____ Floor Drains _____ Hose Bibbs _____ DW _____

Wrecking: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stormwater Review: <input type="checkbox"/> Yes <input type="checkbox"/> No
New Siding: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fencing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Red Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No

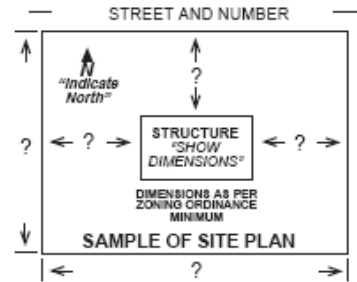
Roofers Name: _____	Architect: _____
Roofers License #: _____	Stormwater Engineer: _____
Electrician: _____	HVAC Contractor: _____
Excavator: _____	Plumber: _____
Concrete Contractor: _____	Plumber License# _____
	Plumber Registration#: _____

Square Footage of Work Covered by This Permit: _____
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Approximate Value of Work Covered by This Permit: _____

SITE PLAN

- Parcel stakes *must* be visible
- Show *all* structures existing on parcel at present time (incl. well & septic)
- Note if your facility is *existing* or *proposed*
- Note parcel size and building location
- Indicate *north* direction
- Indicate *all* adjacent roads/streets (both improved & unimproved)



ALL SETBACKS ARE MEASURED FROM THE OVERHANG TO THE PROPERTY LINE!

*SKETCH YOUR SITE PLAN BELOW - SUPPLY COMPLETE INFORMATION
LOCATE BUILDINGS ON PARCEL BY DIMENSIONS TO PARCEL LINES - NOTE ABOVE SKETCH*

NOTE: FRAUDULANT MISREPRESENTATIONS ON THE SITE PLAN MAY RESULT IN FORFEITURE OF ANY PERMIT ISSUED BY MCHENRY COUNTY PURSUANT TO A REVIEW OF THE APPLICATION.

NO INSPECTIONS UNTIL CULVERT IS INSTALLED AND ACCESS TO SITE IS AVAILABLE

P.I.N. _____ PERMIT # _____ DATE ISSUED _____

LOT/S # _____ BLOCK # _____ SUBDIVISION _____ UNIT # _____

ADDRESS _____

SITEPLAN-FHS 02/01-1-C&S

Street Address: _____ Name of Architect: _____

Name of Project: _____ Name of Design Firm: _____

<p>1. TYPE OF PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant to Finish</p> <p>2. USE GROUP CLASSIFICATION (SEC. 302.0) _____</p> <p>3. MIXED USE OPTION (SEC. 302.3) <input type="checkbox"/> Nonseparated use groups <input type="checkbox"/> Separated use groups <input type="checkbox"/> Separate buildings</p> <p>4. TYPE OF CONSTRUCTION (SEC. 602.0) _____</p> <p>5. FIRE SUPPRESSION SYSTEM <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>6. HEIGHT OF BUILDING _____</p> <p>7. ALLOWABLE HEIGHT (TABLE 503) _____</p> <p>8. AREA OF BUILDING <input type="checkbox"/> Area of Work <input type="checkbox"/> Existing Building Area <input type="checkbox"/> Total Building Area</p> <p>9. ALLOWABLE AREA <input type="checkbox"/> Tabular Area (TABLE 503) <input type="checkbox"/> Perimeter Increase (SEC. 506.2) <input type="checkbox"/> Sprinkler Increase (SEC. 506.3) <input type="checkbox"/> Total Allowable Area (tabular + increase)</p> <p>10. NUMBER OF FIRE WALLS _____</p> <p>11. FIRE WALL RATING (SEC. 705.0) _____</p>	<p>12. FIRE RESISTANCE RATING A. Exterior Wall (SEC. 704.5) <input type="checkbox"/> New <input type="checkbox"/> Existing B. Fire Barrier (SEC. 706.0) <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>13. CORRIDOR RATING (SEC. 1004.3.2) _____</p> <p>14. STAIRWAY RATING (SEC. 1005.3.2) _____</p> <p>15. MAX. TRAVEL DISTANCE (SEC. 1004.2.4) _____</p> <p>16. OCCUPANT LOAD (SEC. 1003.2.2) <input type="checkbox"/> Actual <input type="checkbox"/> Allowed</p> <p>17. EGRESS WIDTH (SEC. 1003.2.3) A. Stairways <input type="checkbox"/> Actual <input type="checkbox"/> Calculated B. Doors, Ramps & Corridors <input type="checkbox"/> Actual <input type="checkbox"/> Calculated</p> <p>18. ROOF COVERING CLASS (SEC. 1505.0) _____</p> <p>19. INTERIOR FINISHES CLASS (SEC. 803.4) _____</p> <p>20. DESIGN LOADS A. Roof live load _____ B. Ground snow load _____ C. Snow exposure factor _____ D. Snow importance factor _____ E. Floor live load _____ F. Floor dead load _____ G. Wind load _____ H. Wind exposure load _____ I. Wind importance factor _____ J. Seismic _____ K. Soil design pressure _____ L. Soils report _____</p>
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