

BUILDING PERMIT APPLICATION



FOR OFFICE USE ONLY
 HOA LGFPD CFPD
DATE STAMP

Check project type:

Elevator, New Number of units: _____

Elevator, Repair or Modification; please describe:

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, as per Village Code Title 12: Fees and Costs.

\$1,500.00 security deposit, separate check, 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.thompstonelevator.com, for specific elevator code requirements, plan review questions, and separate fee information.

As property owner or agent for the owner, I hereby attest that all information provided in support of the requested permit is true and accurate. I acknowledge that all work must be performed in accordance with the Codes adopted by the Village of Long Grove and shall be consistent with the Village-approved plans. **As the property owner's agent,** I hereby certify that the proposed work is authorized by the owner and that I have been authorized by the owner to submit this permit application.

Property Owner's (or Owner's Agent's) Signature Printed Name Circle: Owner Occupant
Contractor Other

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: _____	

<input type="checkbox"/> <i>Check here if no architect on this project</i>	
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: _____	

<input type="checkbox"/> <i>None</i>	
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.

Permit Description	Documents Required	Sets
Cylinder	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"
Valve	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"
Tank, Pump, Valve, Oil Line, & Muffler	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"
Full Mod Controller Cop	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"
Fixtures	Our info sheet, specs/scope of work, catalog cut sheets, layouts showing actual fixtures and locations	3 of all marked "FINAL"
Door package, New operator, Tracks hangers, Door equipment *Not sensors if only that alone	Our info sheet, specs/scope of work, catalog cut sheets, layouts if applicable	3 of all marked "FINAL"
New Install	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: _____

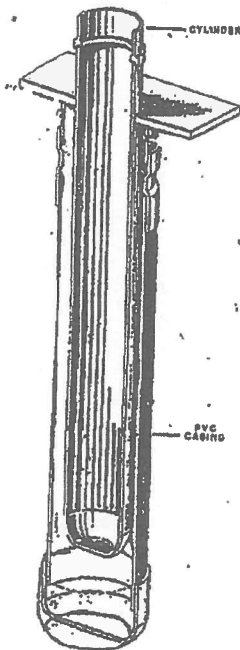
Phone: _____

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: _____	Elev Co: _____ IL# _____
Address: _____	Contact: _____
Village/Town/City: _____	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: _____
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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: _____
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Unit #: _____	Reg# _____	Type: <input type="checkbox"/> Pass <input type="checkbox"/> 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.
