



# CITY OF LOCKPORT

## Commercial Build-out/Alteration Application

Welcome to the City of Lockport. The following checklist will assist you through the process of obtaining a building permit to build-out or alter an existing commercial space.

**REQUIRED SUBMITTAL DOCUMENTS: (These items are REQUIRED, failure to include in submittal will result in denial of permit application)**

- A completed and signed permit application including contact information for all contractors and sub-contractors. All contractors and sub-contractors must obtain/hold a current City of Lockport registration.
- Three (3) complete sets of construction plans, signed and sealed by an approved Illinois licensed designer, which include, if applicable, the following:
  - Floor plans clearly delineating new work from existing conditions. Floor plans shall contain room dimensions and be scaled to not less than 1/8" per foot.
  - A key plan indicating the location of the space within the building and/or on the lot.
  - The Use Group of the proposed occupancy as well as the Use Group of the previous occupancy. Note: If the proposed occupancy constitutes a change of use group, the finished space shall comply with the currently adopted codes for new construction.
  - Indicate whether the space contains a fire alarm and/or fire sprinkler system.
  - A list of the currently adopted codes of the City of Lockport.
  - The Construction Type of the building.
  - MSDS documents and a quantities listing for any and all Hazardous Materials.
  - Door and door hardware schedules indicating the size and type of all doors and door frames, and the type of door hardware (latches/locks, hinges, closers, etc.)
  - Details of the construction and support of new walls/partitions.
  - The system number and a copy of the design detail from U.L. or other approved independent testing agency for all fire rated assemblies, through-penetration fire stop systems and joint fire stop systems.
  - Details of new and existing accessible features per A.D.A. and Illinois Accessibility Code requirements.
  - The R-value of new insulation and the U-factor of new exterior doors, windows and skylights.
  - Structural plans, details and structural calculations if applicable.
  - Mechanical plans including an equipment schedule, a diagram indicating the size and type of ducts and the capacity of all supply, return air and exhaust devices.
  - Plumbing plans including a plumbing fixture schedule and a riser diagram indicating the size and type of water supply/ DWV piping. Indicate the size of the existing and proposed water main.
  - Electrical plans including equipment and light fixture schedule(s). Provide panel schedule(s) indicating the amperage, voltage, and phasing for each panel. Indicate the size of each overcurrent protection device and the connected load for new and existing branch circuits. Indicate the location of light fixtures, switches, receptacles, and disconnects. Provide a one-line diagram for new service or distribution panels along with a grounding detail.
- A COMcheck Mechanical Compliance Certificate if new mechanical equipment is proposed.
- A COMcheck Interior Lighting Compliance Certificate if more than 50% of the existing lighting is altered or if additional lighting loads are proposed.
- Fire sprinkler and fire alarm plans, calculations and cut sheets. These documents may be submitted separately but must be reviewed and approved prior to installation.
- Fire Department Plan Review Form
- If the applicant is not the legal owner of the property, provide a written statement from the legal owner of the property allowing the City to issue the permit to the named applicant.

**PLAN REVIEW:**

Plan review fees will be assessed and payment is the responsibility of the applicant. If the permit is denied, cancelled, or the project is not pursued for any reason, the applicant is responsible for immediate payment of any review fees incurred by the City. Review time is approximately 15 working days.

**FIRE DEPARTMENT:**

A set of your plans will be sent to the corresponding Fire District for review. Additional submittals must be submitted directly to the Fire Department. All fire district review fees must be paid in full prior to the first inspection.

**HEALTH DEPARTMENT:**

For any use requiring Health Department approval, you will need to contact the Will County Health Department at (815) 727-8490. Please provide a copy of Health Department plan review to the Building Department when it is received.

**PERMIT FEES:**

Permit fees are determined using the construction value chart located in the 2000 International Building Code. Based on the scope of work, there may be additional fees such as a new water meter or temporary use of City water, etc.

**INSPECTIONS:**

All inspections require 24-48 hours advanced notice. To schedule inspections, call (815) 838-0549, option 5. When scheduling an inspection, provide the address, type of inspection & contact information. A failed inspection will result in a re-inspection fee of \$30 for the first re-inspection, \$50 for any additional re-inspections.

**CONTRACTOR REGISTRATION:**

Any contractor working within the City of Lockport is required to register with the Building Department. The Contractor Registration application can be found online or at the Community Development office located at 921 S. State Street. No permit will be issued until all contractors listed on the application have completed the registration process.

I acknowledge that I have read, understand, and agree to conform to all governing information and regulations set forth by the City Council of Lockport.

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Signature

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Date

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Project Address

**CITY OF LOCKPORT**  
**COMMERCIAL REMODELING PERMIT FORM**

Please print clearly

**PROPERTY INFORMATION:**

Address of Work: \_\_\_\_\_  
Estimated Construction Value: \$ \_\_\_\_\_ Will a new water meter be needed? Yes \_\_\_\_\_ Size? \_\_\_\_\_ No \_\_\_\_\_  
Description of project: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION:**

Printed Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**I HERBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY COUNCIL OF LOCKPORT.**

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

**PRIMARY CONTACT: (For plan review comments)**

Printed Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Legal owner of property (Provide partnership, corporation/LLC information if applicable)**

Printed Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**ARCHITECT INFORMATION:**

Architect: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**CONTRACTOR INFORMATION (\*ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LOCKPORT)**

**Carpentry:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

**Electrical:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

**Excavation:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Concrete:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**General:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Gypsum:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**HVAC:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Masonry:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Plumbing:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Roofing:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Sewer & Water:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Fire Sprinkler:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Fire Alarm:** \*Registration not required, must be licensed by State (submit copy)

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Other:**

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

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Permit #: \_\_\_\_\_

Other Incentive: \_\_\_\_\_

TIF District (Y/N): \_\_\_\_\_

Historic District (Y/N): \_\_\_\_\_

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

Issued By: \_\_\_\_\_

Building Permit:                   \$ \_\_\_\_\_

Sewer Tap-On Fee:               \$ \_\_\_\_\_

Water Tap-On Fee:               \$ \_\_\_\_\_

Temp. Water Usage:             \$ \_\_\_\_\_

Grading Permit Fee:            \$ \_\_\_\_\_

Occupancy Permit:              \$ \_\_\_\_\_

Engineering Fee:                \$ \_\_\_\_\_

Plan Review:                    \$ \_\_\_\_\_

Plumbing Inspection:            \$ \_\_\_\_\_

Total Fees:                      \$ \_\_\_\_\_



This form must be submitted  
with all commercial applications

**FIRE PROTECTION DISTRICT  
(PLAN REVIEW-BUILDING INFORMATION SHEET)**

**Business/Property Owner Contact Information:**

Business Owner/Property Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business/Cell Phone: (B) \_\_\_\_\_ (C) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Contractor Information:**

Contractor Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business/Cell Phone: (B) \_\_\_\_\_ (C) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Location/Address of Proposed Construction: \_\_\_\_\_  
Proposed Occupancy Type: \_\_\_\_\_

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**Description of Proposed Construction:**

New Construction \_\_\_\_\_ Building Alteration \_\_\_\_\_

Construction Type using NFPA Coding: \_\_\_\_\_ ( I(443); I(332); II(222); II(111); II(000);  
III(211); III(200); IV(2HH),  
V(111); V(000) )

Occupancy Type: \_\_\_\_\_

Building Use: \_\_\_\_\_

Occupancy Load (Based on NET space values): \_\_\_\_\_

Number of floors (Including basement/lower level): \_\_\_\_\_

Building Dimensions (In feet): \_\_\_\_\_

Total Square Footage (In feet): \_\_\_\_\_

**Description of Hazards:**

Hazardous Storage: YES \_\_\_\_\_ NO \_\_\_\_\_

Type of Hazardous Storage:

FLAMMABLE \_\_\_\_\_

COMBUSTIBLE \_\_\_\_\_

CHEMICAL \_\_\_\_\_

Quantity of Hazardous Storage:

Flammable \_\_\_\_\_ gallons/cubic feet  
COMBUSTIBLE \_\_\_\_\_ gallons/cubic feet  
CHEMICAL \_\_\_\_\_ gallons/cubic feet

Hazardous Processing: YES \_\_\_\_\_ NO \_\_\_\_\_

Type of Hazardous Processing: \_\_\_\_\_

**Description of Scope of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire Protection Systems (EXISTING):**

Fire Alarm System: Yes \_\_\_\_\_ No \_\_\_\_\_  
Fire Sprinkler System: Yes \_\_\_\_\_ No \_\_\_\_\_  
Other: \_\_\_\_\_

**Fire Protection System(s) (NEW or Alteration) – PLAN SUBMITTAL REQUIRED!**

Fire Sprinkler/Type: \_\_\_\_\_  
Fire Alarm (Required NFPA-72 System): \_\_\_\_\_  
Other Type of System (Subject to approval): \_\_\_\_\_

**Hood/Booth/Commercial Oven Systems (EXISTING):**

Kitchen/Cooking System: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
Paint Booth: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
Commercial Oven: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

**Hood/Booth/Commercial Oven Systems (NEW or Alteration) – PLAN SUBMITTAL REQUIRED!**

Kitchen/Cooking System (UL-300 Compliant)/Type: \_\_\_\_\_  
Paint Booth/Type: \_\_\_\_\_  
Commercial Oven/Type: \_\_\_\_\_

**Closest Water Hydrant to Building (in feet):** \_\_\_\_\_

**Water main size:** \_\_\_\_\_

**NOTE:** All buildings must comply with the following:

**City of Lockport, IL 60441:** NFPA 101-2000 edition and International Fire Code (IFC)-2006 edition, accompanied by NFPA Standards and Local Ordinances.