



City of Highland
Building and Zoning

Permit Number: _____

Application for Commercial Building Permit

Application Date: _____ Fee Amount: _____ Check/Cash/CC: _____

☐ Primary Structure ☐ Permanent Accessory Structure over 200 sq. ft. that cannot be moved

Improvement Type

Choose One: ☐ New Construction ☐ Addition ☐ Remodel, Alteration, or Repair

Property Owner Information

Property /Jobsite Address (9-1-1 Approved): _____

Owner Name: _____

Owner Mailing Address: _____

Phone #: _____ Email: _____

Applicant Information

Name: _____ Business Name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Contractor Information

Contractor Services	Name	Phone #	License #-copy req.
Architect/Design Professional			
General Contracting			
Concrete Foundation			
Concrete Flatwork			
Drywall/Plaster			
Excavation			
Electrical			
Framing			
Plumbing			
Roofing			104.
HVAC			
Fire Suppression			
Hood Exhaust & Extinguish System			
Fire Alarm			
Landscaping			
Other			



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Construction Information

Street Frontage	# of Units	Living Area (sq. ft.)
Front Setback (prop. line)	# of Stories	Garage Area (sq. ft.)
Rear Setback (prop. line)	# of Public Bathrooms	Office/Sales Area (sq. ft.)
Left Setback	# of Private Bathrooms	Service Area (sq. ft.)
Right Setback	# of ADA-Compliant Bathrooms	Manufacturing (sq. ft.)
Height Above Grade	# of Windows	Parking Area (sq. ft.)
Lot Area (sq. ft.)	# of Fireplaces	# Parking Spaces
Building Area (sq. ft.)	# of Elevator/Escalator	# Handicapped Parking Spaces
% of Lot Coverage	Assembly Area (sq. ft.)	# Enclosed Parking Spaces
Est. Start Date	Est. Finish Date	Est. Job Value \$

Proposed Use

Assembly	Factory	Residential
☐ Church	☐ Low Hazard	☐ Assisted Living
☐ Night Club	☐ Moderate Hazard	☐ Hotel/Motel
☐ Restaurant	☐ High Hazard	☐ Multi-Family
☐ Theater	☐ Other: _____	
☐ Business		Storage
☐ Other: _____		☐ Low Hazard
	Institutional	☐ Moderate Hazard
Educational	☐ Group Home	
☐ College	☐ Hospital	Other
☐ Day Care Facility	☐ Jail	☐ Motor Fuel Service
☐ Grades 1-12	☐ Nursing Home	☐ Public Utility
☐ Other: _____	☐ Mercantile	☐ Repair Garage
	☐ Other: _____	☐ _____

Type of Construction

Type I		Type II		Type III		Type IV		Type V	
☐ A	☐ B	☐ A	☐ B	☐ A	☐ B	☐ A	☐ B	☐ A	☐ B

Structural Frame (Check all that apply)

☐ Concrete
 ☐ Masonry
 ☐ Steel
 ☐ Wood
 ☐ Other: _____

Exterior Walls (Check all that apply)

☐ Concrete
 ☐ Masonry
 ☐ Steel
 ☐ Wood
 ☐ Other: _____



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Are any structural assemblies fabricated off-site? ☐ Yes ☐ No

Electrical Information _____ Current Amperage _____ Proposed Amperage

Roofing Information

☐ Composite ☐ Mod Bit ☐ EPDM/TPO Rubber Roof ☐ Other: _____

Fire Information

_____ Number of Fire Suppression Devices _____ Number of Fire Alarm Devices

Yes	No	
☐	☐	Sprinkler System
☐	☐	Alarm System
☐	☐	Knox Box
☐	☐	Commercial Extinguishing Hood

Permit Requirements

The Building and Zoning Division administers the International Building Code for construction within the City of Highland. The following codes have been adopted:

- 2012 International Building Code
- 2012 International Residential Code
- 2012 International Fire Code
- 2012 International Mechanical Code
- 2012 International Property Maintenance Code
- Most current International and Illinois Energy Conservation Code
- 2012 International Fuel Gas Code
- 2012 International Existing Building Code
- Latest Edition of the National Electric Code
- 2012 National Fire Protection Association Safety Code
- City of Highland Floodplain Ordinance
- Latest Edition of the Illinois State Plumbing Code
- Latest Edition of the Illinois Accessibility Code
- 2010 Americans with Disabilities Act - "ADA" 2010 Standards for Accessible Design

Contact Building and Zoning for information on local amendments.



City of Highland Building and Zoning

The following items must be submitted before a building permit can be issued:

1. Two full size sets of building plans, signed and sealed by an Illinois licensed architect or design professional that include:
 - ☐ General contractor's certificate of insurance required
 - ☐ Plumbing and roofing licenses required
 - ☐ Include property address on the plans
 - ☐ Site plan including draining and storm water detention, elevations, setbacks from building to property lines, utilities entering building and underground, site details, storm flow, etc.
 - ☐ Drainage calculations
 - ☐ Parking plan showing required handicap spaces, ramps, signage, sidewalks, parking blocks, landscaping, dimensions, trash receptacle enclosure, etc.
 - ☐ Exterior elevation plan showing all exterior building materials to be used
 - ☐ Foundation/footing plan notes and details. Boring/soil compaction tests may be required
 - ☐ Floor plan details and notes
 - ☐ Structural drawings, details and notes, wall sections
 - ☐ Electric/lighting plan, details and notes
 - ☐ Ceiling plan
 - ☐ Mechanical plan, details and notes
 - ☐ Plumbing plan (reviewed and approved by the Dept. of Public Health)
 - ☐ Roof plan, details and notes
 - ☐ Door, window and finish schedule
 - ☐ Sprinkler plan
 - ☐ Landscape plan
 - ☐ Project Specification Manual – one copy
2. Any access permits from IDOT, if required
3. Drainage plan and calculations approved by IDOT if property drains to any IDOT right-of-way

NOTE: Please allow 15 working days for plan review before permit will be approved and issued.

Building Permit Fine Schedule

\$50.00 Fine**

- Calling/Scheduling an inspection and not being ready when the inspector arrives to perform it***. Fee doubles each time the inspector has to return to the site for the same inspection. For example: First time at site and not ready – no charge, second time \$50.00, third time \$100.00, fourth time \$200.00, and so forth.



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\$50.00 Fine for each item

- Mud on the pavement brings a written warning the first time. The general contractor is advised in the warning to remove it from the pavement within two (2) hours (General contractor is responsible for notifying all sub-contractors). Notice also states that this will be the only warning, throughout the construction project. If the City observes or receives another complaint, a stop work order will be issued along with a ticket. First time – written warning notice, second time \$50.00, third time \$100.00, fourth time \$150.00, and so forth.

\$500.00 Fine for each item

- Working without a permit when one is required.
- Covering up work without an inspection. (Must pass inspection prior to being covered up.)
- Failure to call for a final inspection.
- Occupying the structure before the issuance of a certificate of occupancy.

**** Does not apply to re-inspections of corrected work.**

*****Applies to all Inspections.**

After Hour Inspection Fees

Monday - Friday.....	\$126.00*
Saturday.....	\$126.00*
Holidays & Sundays.....	\$160.00*

***Subject to change**

I hereby certify that I have read and examined this document and known the same to be true and correct. I agree to conform to, and have been apprised of, all applicable laws and codes of this jurisdiction. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. I certify that the code official or the code officials authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Building permit fees are non-refundable

Signature of Applicant/Owner

Date

Phone

Responsible Person in Charge of Work

Title

Phone



City of Highland Building and Zoning

New Construction, Permanent Accessory Structures, Additions, Remodels, Alterations and Repairs

Include the following information:

1. North Arrow
2. Dimensions of lot
3. Footprint of structure & distance from property lines
4. Any new plumbing/electrical locations.
5. Scope of work (walls, doors, windows being added or removed, electrical panel upgrade, re-roofing, etc.)
6. Room dimensions
7. Location and names of streets
8. Location of all utilities
9. Erosion control placement



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Please be advised that as part of the 2012 I-Code adoption there was a local amendment to the commercial building code regarding construction site maintenance:

117.1 Dumpsters

1. Each building construction site shall have on-site dumpster(s) of sufficient capacity to contain the construction debris generated by the construction activity on said site.
2. All construction debris from each building construction site, shall be placed in the construction site dumpster(s), by the end of each work day.
3. Every construction site dumpster, having been filled, shall be removed from the construction site and where appropriate, replaced with another empty dumpster until such time as construction debris is no longer generated on the site.

117.2 Rocked Driveways

1. Each commercial construction site or subdivision construction site entrance shall have its driveway or roadway (as delineated on the building permit application site plan) rocked with CA3 (3 inch minimum) to a minimum depth of 6 inches. This subsection may not be required if the permanent paved driveway or entry road is in place and can be used by all construction equipment or delivery vehicles.
2. Rock drives or roadways must be constructed and maintained on stable soil in order to maintain the desired intent or the rock shall be replaced and/or soil stabilization may be required, as directed by the Code Official.
3. All deliveries of building materials, of all kinds, shall be made using the rocked road or driveway, without exception.

117.3 Sanitary Facilities

1. Each building construction site shall provide sanitary facilities (including toileting and hand washing facilities) for the convenience of all workers and shall be discharged into a sanitary sewer or if the facility is portable, it shall be an enclosed, chemically-treated tank tight unit. All non-sewered units shall be pumped regularly to assure adequate working and sanitary facilities.

117.4 Responsibility

2. It shall be the responsibility of the permit holder and any individual or company acting under the direction of the permit holder to ensure compliance of all provisions of Section 117.



City of Highland Building and Zoning

Required Inspections

Please call the Building and Zoning office at 618-654-9891 at least twenty four (24) hours prior to requested inspection time.

- Building Site
- Pier
- Stem Wall
- Footing
- Foundation Wall Pre-pour
- Plumbing Underground
- Electrical Underground
- Concrete Slab
- Plumbing Rough-In
- Electrical Rough-In
- Rough Framing
- Roof
- Electric Service Panel/Meter Base
- Insulation
- Drywall
- Fire Suppression Device Test
- Fire Alarm Acceptance Test
- Final Electrical
- Final Plumbing
- Final Fire
- Final Building

IDOT Notification

The State of Illinois requires applicants to notify them of any proposed construction adjacent to the State Right of Way. If your project is adjacent to State Right of Way, please send plans to:

RuAnna M. Stumpf
IDOT D8 Permits Unit Chief
1102 Eastport Plaza Drive
Collinsville, IL 62234
618-346-3280
ruanna.stumpf@illinois.gov

Approval from IDOT must be submitted to the City before a building permit is issued.



City of Highland
Building and Zoning

Utilities Connection Application
Light and Power – Building and Zoning

First Time City of Highland Utility Customer? ☐ Yes ☐ No (If Answered yes Please fill out Additional Form)

*** Will need Copy of Driver License (First Time City of Highland Customer) ***

Applicant Information

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Initial Utility Billing Information

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Service Address

Address: _____ City: _____ State: _____ Zip: _____

Subdivision: _____ Lot #: _____

Parcel ID Number: _____

Use of Subject Property: ☐ Residential ☐ Commercial ☐ Industrial

Associated with a Building Permit? ☐ Yes ☐ No Permit #: _____

Is the Property within Highland City Limits? ☐ Yes ☐ No



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Electrical Service Residential: ☐ Yes ☐ No Temporary Service: ☐ Yes ☐ No

Service Type: ☐ Aboveground ☐ Underground (possible upcharge)

Total AMPs: ☐ 120/240 Volt Single Phase Service up to 200-Amp

☐ 120/240 Volt Single Phase Service over 200-Amp or over 240 volt single phase service

***** The City will run a maximum of 125 feet of service from the City's connection point. For any service runs greater than 125 feet, the owner is responsible for all costs incurred by the city for runs greater than 125 feet are borne by the property owner. For redundant services, the property owner is responsible for all costs*****

Actual Footage: _____

Electrical Service Commercial/ Industrial: ☐ Yes ☐ No Temporary Service: ☐ Yes ☐ No

Service Type: ☐ Aboveground ☐ Underground (possible upcharge)

☐ All secondary voltage three phase services 120/240 volt, 120/208 volt, 277/480 volt

☐ All primary voltage three phase services, 7,620; 13,200 volt and 2400/4160 volt

_____ Size of Service

_____ Conductor Size

_____ Number of Parallel Run

Declaration

I, the applicant, of the above legally described property on which the utility/service change is proposed, has provided answers to the questions herein that are true to the best of my knowledge. I have been granted permission by the property owner(s) of the above legally described property to apply for utility/ service on said property. I have read and understand the aforementioned information. By virtue of my application, I do hereby declare that the appropriate City Officials responsible for the review of my application are given permission to visit and inspect the property proposed in order to ensure all City Ordinances are adhered to and all proposed improvements are installed correctly.

Applicant Signature: _____ Date: _____

For Office Use Only

Electric AMP: _____ Rate: \$ _____

Payment Type: Check / Cash / CC

Received by: _____ Date: _____



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New Service Connection Fee Chart*

***All fees are subject to verification by the City of Highland Electric**

120/240 Volt Single Phase Service up to 200-Amp	\$375
120/240 Volt Single Phase Service over 200-Amp or over 240 volt single phase service	\$575
All secondary voltage three phase services 120/240 volt, 120/208 volt, 277/480 volt	\$825
All primary voltage three phase services, 7,620; 13,200 volt and 2400/4160 volt	\$1,000

General Information

Electrical Service – The applicant agrees that the City has the right to specify the location of where the electrical meter base is to be located and to specify the total amount of service conductor to be utilized for the project. The applicant agrees that should they desire to locate the electrical meter base in a different location than where the city requires, the applicant will be responsible for all the cost differences associated with their location versus the City's required location. All material installed by the City in accordance with this contract shall remain the property of the City. All electrical work requires a release from the electrical inspector prior to requesting connection to the City of Highland electrical services for the above location.

*** Contact Public Works for water connection, sewer connection, and driveway construction. (618-654-6823)***

Inspection Information

Electrical Service – Contractor must notify Light and Power to submit a work order request for electrical hook-up. The department shall have at least 72 hours after work order submittal to add the project into the department job schedule. Timely completion of electrical hook-up will be dependent upon department work load, employee availability, ground conditions and weather conditions. (618-654-7511)

APPLICATION FOR CITY OF HIGHLAND UTILITIES

TODAY'S DATE: _____

APPLICANT(S) NAME: _____ PHONE: _____

_____ PHONE: _____

LOCATION OF SERVICE: _____ MOVE IN DATE: _____

MAILING ADDRESS: _____ EMAIL _____

(if different) _____

DRIVER'S LICENSE NO. _____ DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NO. _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ DATE OF BIRTH _____

DO YOU RENT ☐ OR OWN ☐? IF RENT, LANDLORD'S NAME: _____

ARE YOU CURRENTLY A CITY OF HIGHLAND UTILITY CUSTOMER? YES NO (circle one)

IF YES - DATES OF SERVICE: FROM _____ TO _____

LOCATION OF SERVICE: _____

IF NO - PREVIOUS ADDRESS: _____

PREVIOUS UTILITY SUPPLIER: _____

EMPLOYED BY: _____

name

address

phone

PLEASE LIST ANY OTHER PERSON(S) THAT ARE AUTHORIZED TO OBTAIN INFORMATION ON
ACCOUNT. Name _____ Name _____

To the best of my knowledge, the above information is correct.

SIGNED _____ SIGNED _____

TO BE COMPLETED BY OFFICE

APPLICATION RECEIVED BY _____ ACCOUNT NUMBER: _____

UTILITY DEPOSIT REQUIRED? YES NO (circle one)

CREDIT LETTER RECEIVED : _____

DATE DEPOSIT RECEIVED: _____ \$ _____

VERIFY NO BAD DEBT: _____ VERIFY COPY OF DRIVER'S LICENSE: _____

COMMENTS:

City of Highland

NON-DOMESTIC WASTEWATER SURVEY

Return form to:
City of Highland
Attn:
P.O. Box 218

618-654-8122

| RDonoho@highlandil.gov

This form is required to be completed for all new non-domestic dischargers or upon request for current users of the sanitary sewer system. You will be contacted if it is not returned within a reasonable timeframe. Approval of any/all construction activities are contingent on receipt of this form (as applicable). Once this form is reviewed, additional information may be requested, and any specific wastewater requirements will be further communicated. Please direct any questions you have regarding this form to the contact indicated above.

FACILITY CONTACT INFORMATION:

This business is: ☐ Existing ☐ New ☐ Relocating within the City ☐ Expanding at Current Location

Company Legal Name:

Operating Name:

Physical Address:

(Street)

(City)

(State)

(Zip)

Mailing Address:

(If different from above)

(Street)

(City)

(State)

(Zip)

Facility Contact:

Name: _____

Phone: _____

Title: _____

E-mail: _____

GENERAL INFORMATION (Select type of facility; select all that apply or fill in "other" if not specifically listed):

- | | | | |
|--|--|--|---|
| ☐ Retail | ☐ Food Establishment | ☐ Auto Shop/Detail | ☐ Dental/Orthodontics |
| ☐ Manufacturing | ☐ Photo Processing | ☐ Transportation | ☐ Medical/Veterinary/Lab |
| ☐ Fuel Dispensing | ☐ Equipment Cleaning | ☐ Salvage Operations | ☐ Car Wash |
| ☐ Laundry | ☐ Paper Manufacturing | ☐ Paint Manufacturing | ☐ Tannery |
| ☐ Other (Specify) : _____ | | | |

Description of the manufacturing, product, or service provided by your facility:

Please list in general the raw materials or products used in any manufacturing processes conducted at your facility:

NAICS Code(s) ¹	NAICS Code Enter 6-digit (Example #332813)	Description: (Example: primarily engaged in electroplating, plating, anodizing, coloring, buffing, polishing, cleaning, and sandblasting metals and metal products for medical equipment.)
----------------------------	--	--

NAICS Code Primary	#	
NAICS Code Secondary	#	
NAICS Code Third	#	

FACILITY OPERATIONAL INFORMATION:

Number of People

Days of Operation:

☐ SU

☐ M

☐ TUE

☐ W

☐ TH

☐ F

☐ SA

On-Site Each Day: _____

Hours of Operation: _____

¹ North America Industry Classification System code which replaces the Standard Industrial Classification (SIC) system. Refer to <https://www.census.gov/naics/> . List Primary code first followed by any additional codes.

City of Highland

NON-DOMESTIC WASTEWATER SURVEY

RAW MATERIALS, CHEMICAL STORAGE, WASTE STORAGE, OR PRODUCTS MANUFACTURED: (List main chemicals used or stored at the facility either as a raw material, material used in manufacturing, waste generated, or other chemicals used on-site. List the main items; additional information such as SDSs will be requested once the survey is returned if needed).					
General Description	How Used/Generated	Quantity	Units (gal, lbs, etc)	Type of Storage (drums, etc.)	Storage Location (bldg. #)

RAW INCOMING WATER SOURCE(S), INFORMATION, AND USAGE:		
☐ Utility	☐ Private Well	☐ Hauled Water
Utility/Municipal Water Supply Name(s):		
Water Service Account Number(s):		Total Monthly Water Usage:
Meter #:	Size (in.):	Meter #:
Size (in.):	Meter #:	Size (in.):
WASTEWATER GENERATION (Please check each box to specify the types of wastewater generated at your facility):		
☐ Bathrooms	☐ Showers	☐ Kitchen/Break room
☐ Process Wastewater (See Below)	☐ Softeners	
Complete this section if wastewater is generated beyond bathrooms, showers, and lunchrooms listed above. Please specify the types of wastewater or characteristics of the wastewater or products that could enter a floor drain or pipe inside your facility.		
☐ Cooling Water	☐ Fertilizers or Pesticides	☐ Photo Finishing / X-Rays
☐ Equipment Cleaning	☐ Medical Wastes	☐ Laundry Wastewater
☐ Food Prep and Cleanup	☐ Chemicals	☐ Brewery / Beverage
☐ Dental Equipment	☐ Oils and/or Grease	☐ Radioactive Wastes
☐ Boiler Blow Down	☐ Chiller Blow Down	☐ Solvents
☐ Stripping Compounds	☐ Rinse Waters	☐ Other: _____
Does your manufacturing, production or service area have floor drains, catch basins, sumps, sinks or any other outlets to the sanitary sewer collection system? ☐ No ☐ Yes		
Does your facility generate hazardous waste? ☐ No ☐ Yes		
WASTEWATER TREATMENT:		
Does your facility conduct any wastewater treatment (including non-discharged wastewater)? ☐ No ☐ Yes		
If Yes, Describe:		
Mark applicable wastewater devices below:		
☐ Oil/Water Separator	☐ Filtration/ Sedimentation	☐ pH Adjustment
☐ Grease Interceptor	☐ Other: _____	
CERTIFICATION:		
<i>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."</i>		
Authorized Signature: _____		Printed Name: _____
Title: _____		Date: _____

For WWTP Internal Use Only: Date Reviewed:

| Reviewed/No Further Action: ☐ | Reviewed/Initiate Additional Information ☐