



ISC Occupancy Permit Checklist FY17

School Name: _____ District #: _____ ISC# _____

Project Number: _____

Project Description: _____

ISC Life Safety Inspector: _____ Date: _____

ALL OF THE FOLLOWING MUST BE COMPLETED PRIOR TO WALK-THRU DATE

FOR FULL OCCUPANCY ONLY			
	Application for Occupancy Permit – Permanent (36-15)	Seal / Signature	Date:
Date Issued:	<i>Full Occupancy Issued</i>		
FOR PARTIAL OCCUPANCY ONLY			
	Application for Occupancy Permit – Partial Only (36-15) (indicate what is incomplete)	Seal / Signature	Date:
Date Issued:	<i>Partial Occupancy Issued</i>		
FOR TEMPORARY UNITS			
	Application for Approval for Use of New Temporary Facility (36-26)	Seal / Signature	Date:
	Annual Inspection Checklist for Temporary Facility (36-28) Completed by Architect	Seal / Signature	Date:
Date Issued:	<i>Temporary Facility Certificate of Occupancy Issued (30-30)</i>	Issued if not in full compliance	
Date Submitted	Letters:		Completion Date
Date:	Letter: Fire Dept. Inspected & Approved	Delivered to ISC & cc to Architect	Date:
Date:	Letter: *Illinois Dept of Public Health (Plumbing) (Verification Pass / Fail)	Delivered to ISC & cc to Architect	Date:
Date:	Letter: Asbestos Abatement Only (Abatement Contractor or Environmental Engineer) Air Sample Summary, if applicable	Delivered to ISC & cc to Architect	Date:
	Certificates:		
Date:	Bleachers		Date:

Date:	Boilers(s)		Date:
Date:	Elevator(s)		Date:
Date:	PA System (Only new/if PA System is old just test when doing on-site inspect)		Date:
Date:	Sprinkler System		Date:
Date:	Curtains (Flame Retardant)		Date:
Date:	Pool (IDPH)		Date:
Date:	Chairlift		Date:
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Warranties (Following Substantial Completion submit to ISC)			
Date:	Roof		Date:
Date:	HVAC		Date:
Date:	Carpeting		Date:
Date:	Hardware		Date:
Date:	Electrical System		Date:
Date:	Plumbing		Date:
Date:	Elevator		Date:
Amendments (ONLY)			
Date:	Application for Extension of Time to Complete Health/Life Safety Work Items (Form 36-25), if applicable		Date:
Date:	Statement of Completion for Health/Life Safety Amendment (Form 36-24)		Date:

*For IDPH inspection appointments contact Joe O'Connor, Regional Supervisor @ (630) 293-6800 Ext: 245

MJF/rde

07/01/2016