***Kane County Regional Office of Education #31***

**CONSTRUCTION PROJECT CHECKLIST**

SCHOOL/DISTRICT NO. CONFERENCE DATE PROJECT #.

PROJECT DESCRIPTION

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE**  **SUBMITTED PROJECT ITEMS REQUIREMENTS** | | | |
|  | Building Application (36-10) | ▪ seal/signature/date – ½ size  ▪ fill out/date “Type of Document” | |
|  | Plan Review Statements (36-11) | ▪ seal/signature/date (Project I.D.) | |
|  | Plan Review Records **(See ICC -2009)** | ▪ seal/signature/date (Project I.D.) | |
|  | Confirmation of Plan Review  Records (36-35) | ▪ seal/signature/date (Project I.D.) | |
|  | CD (PDF or DWG - Read only) | ▪ Building, Sprinkler, Safety Ref. plans, FA | |
|  | Soil Boring | ▪ received by ROE | |
|  | Plans & Specs Regional Office **½ Size** | ▪ received by ROE **½ Size** | |
|  | Plans & Specs Fire Department | ▪ acknowledged by Department | |
|  | Plans & Specs Building Department | ▪ acknowledged by Department | |
|  | Letters: Pre-Fire Department | ▪ letter sent | |
|  | Pre-County Health (Food) | ▪ letter sent | |
|  | Pre-IDPH Health (Plumb) | ▪ letter sent | |
|  | Regional Supt. Approval (36-13) | ▪ signed | |
|  | **PERMIT NUMBER (# )** |  | |
|  |  |  | |
|  | **ALL THE FOLLOWING MUST BE COMPLETED / SUBMITTED PRIOR TO WALK-THRU DATE** | | |
|  | Above Ceiling Visit by ROE | ▪scheduled completed | |
|  | Letters: Post Fire Department | ▪ letter sent | |
|  | Post County Health (Food) | ▪ letter sent | |
|  | Post-IDPH Health (Plumb) | ▪ letter sent | |
|  | Inspection Statements (36-36) | ▪ completed and signed (Project ID) | |
|  | Called Inspection Records (8-7-9) | ▪ completed and signed (Project ID) | |
|  | Confirmation of Called Inspection  Records (36-37) | ▪ completed and signed (Project ID) | |
|  |  | ▪ | |
|  | **CERTIFICATES** | **DATE SUBMITTED** | |
|  | Bleacher(s) |  | Air-Quality Test (If Applicable) |
|  | P.A. System |  | Safety Reference Plans (If Altered) |
|  | F.A. Detection |  | Local Health Approval (Food) |
|  | Sprinkler |  | State Health Approval (Plumbing) |
|  | Occupancy Walk Through by ROE | ▪scheduled completed | |
|  | Occupancy Application (36-15) | ▪ seal/signature/date | |
|  | Partial Occupancy Issued (36-17) | ▪ issued if not in full compliance | |
|  | Temp. Facility Occupancy (36-30) | ▪ issued if not in full compliance | |
|  | Full Occupancy Issued (36-16) | ▪ issued upon full compliance | |

SPECIAL CONSIDERATION(S)

FIRM/ARCHITECT: PHONE:

CONTACT PERSON: PHONE:

ROE #31 Construction Check list 3-15-15