

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)	<ul style="list-style-type: none"> ▪ 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: _____