



## ISC Occupancy Permit Checklist

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			
	<b>Application for Occupancy Permit – Permanent (36-15)</b>	Seal / Signature	Date:
Date Issued:	<i>Full Occupancy Issued</i>		
FOR PARTIAL OCCUPANCY ONLY			
	<b>Application for Occupancy Permit – Partial Only (36-15) (indicate what is incomplete)</b>	Seal / Signature	Date:
Date Issued:	<i>Partial Occupancy Issued</i>		
FOR TEMPORARY UNITS			
	<b>Application for Approval for Use of New Temporary Facility (36-26)</b>	Seal / Signature	Date:
	<b>Annual Inspection Checklist for Temporary Facility (36-28) Completed by Architect</b>	Seal / Signature	Date:
Date Issued:	<i>Temporary Facility Certificate of Occupancy Issued (30-30)</i>	Issued if not in full compliance	
<b>Date Submitted</b>	<b>Letters:</b>		<b>Completion Date</b>
Date:	Letter: Fire Dept. Inspected & Approved	<b>Delivered to ISC &amp; cc to Architect</b>	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	<b>Delivered to ISC &amp; cc to Architect</b>	Date:
	<b>Certificates:</b>		
Date:	Bleachers		Date:

Date:	<b>Boilers(s)</b>		Date:
Date:	<b>Elevator(s)</b>		Date:
Date:	<b>PA System (Only new/if PA System is old just test when doing on-site inspect)</b>		Date:
Date:	<b>Sprinkler System</b>		Date:
Date:	<b>Curtains (Flame Retardant)</b>		Date:
Date:	<b>Pool (IDPH)</b>		Date:
Date:	<b>Chairlift</b>		Date:
<b>ISC Occupancy Permit Checklist</b>			
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<b>Warranties (Following Substantial Completion submit to ISC)</b>			
Date:	Roof		Date:
Date:	HVAC		Date:
Date:	Carpeting		Date:
Date:	Hardware		Date:
Date:	Electrical System		Date:
Date:	Plumbing		Date:
Date:	Elevator		Date:
<b>Amendments (ONLY)</b>			
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

07/23/2016