

PROJECT ADDRESS: \_\_\_\_\_

**BUILDING & ZONING DEPARTMENT**  
**ROOM 304 MUNICIPAL CENTER WEST**  
**SPRINGFIELD, ILLINOIS 62701**  
**PHONE 789-2171 FAX 789-2048**

# SCOPE OF WORK

December 2002

*IF YOUR PLANS DO NOT CONTAIN THIS INFORMATION YOU MUST COMPLETE THIS FORM OR THE ISSUANCE OF THE BUILDING PERMIT WILL BE DELAYED*

## BUILDING INFORMATION – PROPOSED USE GROUP

<b>ASSEMBLY</b>	<b>FACTORY</b>	<b>INSTITUTIONAL</b>	<b>HIGH HAZARD</b>
Theater _____	Moderate Hazard _____	Group Homes _____	_____
Night Club _____	Low Hazard _____	Hospital _____	<b>OTHER</b>
Restaurant _____	<b>STORAGE</b>	Jail _____	Parking Garage _____
Church _____	Moderate Hazard _____	<b>RESIDENTIAL</b>	Carport _____
Other Assembly _____	Low Hazard _____	Hotel, Motel _____	Gas Station _____
<b>EDUCATIONAL</b>	<b>BUSINESS</b>	Multi Family _____	Repair Garage _____
Grades 1-12 _____	_____	Two Family _____	Public Utility _____
Day Care Use _____	<b>MERCANTILE</b>	Single Family _____	HPM _____

FRAMING (check applicable) _____ Structural _____ Partition _____		EXTERIOR WALLS (check applicable) _____ Steel _____ Concrete _____	
_____ Steel _____ Concrete _____ Masonry _____ Wood _____	_____ Masonry _____ Wood _____ Other (Identify) _____		
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)	
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)	
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)	
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)	
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)	
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)	
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)	
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)	
Elevators/Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)	

**SCOPE OF WORK** - Explain in detail what work is being done:

### ELECTRICAL INFORMATION

Enter Appropriate Information

Commercial	Number of Services	Emergency Light
Industrial	Size of Service Single or 3 phase	Exit Lights
Motel/Hotel	Ground Fault Protection for Grounded Wye	Separate Service
Mobile Home Park	1000 AMP or More	Generator
Other	Grounded Conductor to Service Equipment	Lighting Outlet
Size of Emergency Equipment	Transformer	Receptacles

### MECHANICAL INFORMATION

Enter Number of New or Replacement Units

Forced Air Furnace	Vented Floor, Wall, Room Heater	Ventilation Air System
Unit Heater	Incinerator	
Electric Resistance	Boiler	
Heat Pump/Air Handler	Gas piping	Hazardous Exhaust System
Split Evaporator System Condenser	Duct Systems Commercial Residential	Fireplace Solid Gas
Type of Heating Fuel:	Gas Oil Electric Wood Other	BTU Rating:

### PLUMBING INFORMATION

Enter the Number of Fixtures Being Installed, Replaced, or Repaired

Tubs/showers	Drinking Fountains	Backflow Preventers
Shower Stalls	Floor Drains	Roof Drains
Lavatories	Water Heaters	Inside Downspouts
Toilets	Water Softeners	Swimming Pools
Urinals	Sewage Ejectors	
Sinks	Sump Pumps	
Laundry Tubs	Grease Traps	Standpipes (Y/N) (# Hose Outlets)
Washer Hook Up	Bidets	Fire Sprinklers (Y/N) (# of Heads)
Garbage Disposals	Boiler (# Horse Power)	Lawn Sprinklers (Y/N) (# of Heads)
Dishwasher	Gas Piping	<b>TOTAL FIXTURES</b>