



VVH DROP OFF/RECEIVING PERMIT DROP/PICKUP OPTIONS

290 Evergreen, Vernon Hills 60061

1. Mail/Drop in Parcel Basket
2. Front Desk Service
3. M-F: 830a-430p for permits
4. After 5pm or weekends
Outside VVH silver dropbox tower
5. **Cash or check only**
Payable to Village of Vernon Hills

290 Evergreen - Vernon Hills, IL 60061 - (847) 367-3700
Corner of Evergreen & Route 45

COMMERCIAL INFORMATIONAL PACKET

www.vernonhills.org/permit

2018 International Building Code with local amendments

- 2018 International Residential Code
- 2018 International Energy Conservation Code
- 2014 Illinois State Plumbing Code
- 2018 International Mechanical Code
- 2017 National Electrical Code with local amendments
- 2018 International Fire Prevention Code with local amendments
- 2018 Illinois State Accessibility Code
- 2018 International Property Maintenance Code with local amendments

Accompanied paperwork requirements, if applicable to project – See last page of packet for examples.

- Electrician must furnish a copy of registration from Municipality administering a test.
- Plumber must furnish a copy of Illinois state plumber license and contractor registration.
- Roofing contractor must provide copy of Illinois State License.
- For projects with value in excess of \$100,000 general contractor must furnish a copy of Certificate of Insurance covering the property (General Liability and Workman's Compensation), assigned to the Village of Vernon Hills, and showing the Village of Vernon Hills as an additional insured.
- All of the above information including copies of licenses are to be provided with the permit application, but in no case later than 2 days before permit is issued.

All projects with Plan Review Fees: \$75.00 minimum – Plan Review Fee is calculated by Project cost x .002.

ENTIRE VH BUILDING PERMIT GUIDANCE: [CLICK HERE](#)

GENERAL DIRECTIONS

- Fill out application in its entirety with contractor list and required license copies. *Please PRINT legibly. Read specified information and gather requirements that apply to your permit.*
- Calculate Plan Review Fees and pay with permit submission. *(Cash or check only) Review Fee Assistance page of this packet so aware of involved fees.*
- Assemble permit package with requirements, plan review fee, and choose delivery option, noted above.

VILLAGE OF VERNON HILLS

RACKING PERMIT



- [CLICK HERE FOR A VH GENERAL COMMERCIAL APPLICATION](#)
- Commercial Application and Plan Review Fee (.002 X cost of job) - \$75 minimum
 - *Cash or Check only – payable to the Village of Vernon Hills*
- 4 copies of plans/prints minimum
- Proof of Management Approval if leased space.
- **Certificate of Insurance - If cost of job is over \$100,000.**
 - **Note** – *Must show covering the property (General Liability and Workmen’s Comp), assigned to the Village of VH as the **Certificate Holder** and showing the Village of VH as an **additional insured**.*

Plan Review can take up to 20 business days

Reviewed by Commercial Building Inspector and Fire Department

REQUIREMENTS:

- All fixtures must have proper width for aisles.
- There shall be a 3 ft clearance from the ESFR sprinkler heads to the storage.
- All racking needs to be mesh or proper shelving. No solid shelving is to be used.
- Exit routes must be shown on plans – onsite inspection of these routes will be verified during inspections.
- Exit signs are to be located at the end of each aisle.
 - Signs are to be illuminated.
 - Must have a backup power source.
- Sufficient emergency lighting fixtures shall be supplied to indicate and illuminate all required exit access and exit discharge areas.
 - Entire path to be illuminated to a minimum of 1-foot candle to the floor.
 - A function test is required at inspection.
 - Additional emergency may be required.
- Existing hose stations shall be clear and unblocked. They shall be situated through the warehouse every 130 ft.
- Fire extinguishers must be shown on the plans and shall be 10-lbs.
- Proper flue spaces shall be maintained when stock is placed on racking.

INSPECTIONS

1. STOCKING/ROUGH INSPECTION – If stocking shelves.

2. FINAL INSPECTION

*Both inspections will have the Fire Department and Building Inspector present.

Inspections are not automatic, they must be called into VVH with permit number reference.

QUESTIONS

Commercial Building Inspector – Dave Griffith – davidg@vhills.org - 847-918-3585

Fire Department:

Countryside Fire – 847-367-5511 (VH North/Continental Executive Park)

Lincolnshire Riverwoods Fire – 847-634-2512 (VH South/Corporate Woods)

Permit Pickup Notification

Permit fee, refundable bond fee, fire department fee totals given –

Double permit fee penalty for work already in progress

Cash or Check only – payable to the Village of Vernon Hills



**VILLAGE OF VERNON HILLS COMMERCIAL
PERMIT FEE COST APPROXIMATIONS**

Final fees will be relayed at permit release time.

RACKING

See last page of packet if the project cost is over \$100,000.

<p>PLAN REVIEW FEES Total cost of job x .002, minimum \$75.00 – Calculation below \$75.00 – Plan Review Fee is \$75.00, over \$75.00 – use that calculation as the plan review fee. <i>*Must be paid at time of submitting application and requirements.</i></p>							
<p>PERMIT FEES Cost of job X 1%, minimum \$75.00</p>							
<p>REFUNDABLE BOND FEES</p> <table border="0"> <tr> <td>Is the cost of the job less than \$5000.00?</td> <td>\$50.00</td> </tr> <tr> <td>Is the cost of the job range \$5001-15,000.00?</td> <td>\$150.00</td> </tr> <tr> <td>Is the cost of the job more than \$15,001.00?</td> <td>Cost of job X 1%</td> </tr> </table>	Is the cost of the job less than \$5000.00?	\$50.00	Is the cost of the job range \$5001-15,000.00?	\$150.00	Is the cost of the job more than \$15,001.00?	Cost of job X 1%	
Is the cost of the job less than \$5000.00?	\$50.00						
Is the cost of the job range \$5001-15,000.00?	\$150.00						
Is the cost of the job more than \$15,001.00?	Cost of job X 1%						
<p>What is a completion (refundable) bond? <i>(Known as a cash bond)</i> The completion bond is a guarantee that final inspections will be completed for the project. Once the project is completed and closed, this cash bond will be refunded to the payer, 3-5 weeks after final inspections are completed and approved. All inspections have to be called in with permit number and scheduled by a designee of the permitted project to avoid forfeit/loss of the completion bond refund. The Village does not automatically set up inspections. <i>(Refer to actual permit placard for permit number and phone number to call for inspections.)</i></p>							
<p>FIRE DISTRICT FEES <i>*These fees will be released to the applicant at permit release notification.</i></p> <p>Countryside Fire Department- (847) 367-5511 Ron Cielek (North Vernon Hills/Continental Executive Park)</p> <p>Lincolnshire Riverwoods Fire Department – (847) 634-2512 Eric Norlin/Lance Milz (South Vernon Hills/Corporate Woods)</p>							

CASH OR CHECK ONLY, NO CREDIT CARD OPTIONS AVAILABLE
PAYABLE TO: Village of Vernon Hills

VH Ordinances - [CLICK HERE](#)

CONSTRUCTION HOURS
 ~*Mon-Fri:* 7a-7p
 ~*Saturdays:* 8a-5p
 ~*Sundays:* NO Construction Hours

Example - COI

CERTIFICATE OF INSURANCE FOR PROJECTS \$100,000 OR MORE - EXAMPLE

Must show covering the property (General Liability and Workmen's Comp), assigned to the Village of VH as the Certificate Holder and showing the Village of VH as an additional insured.

KANAF01 OP ID: JB

ACORD **CERTIFICATE OF LIABILITY INSURANCE** 5248 DATE (MM/DD/YYYY)
01/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance CO.	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ EMAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC # _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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INSURED
commercial business insured

EXAMPLE

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBRT	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
CLASS		INSD	WVR		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER: _____	X		COL40171T0	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACV40926A0	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CPU4070810	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	WCN40842Q0	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Village of Vernon Hills is named as an Additional Insured with respect to General Liability Insurance when required by written contract.

CERTIFICATE HOLDER VILLA03 Village of Vernon Hills 290 Evergreen Drive Vernon Hills, IL 60061	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
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