

JOB NAME: Square Left - Video Gaming Room PERMIT#: BP-19-036

JOB SITE ADDRESS: 39 OSD

SUBMITTAL DATE: 10-4-19 BUILDING REVIEWER: Rick P. PLANNER: K. Quinn

PLAN REVIEW CONTACT NAME: Kevin Vaughan PHONE: 773-3435

EMAIL: Kevin@vaughanhospitality.com

PERMIT APPLICATIONS

	Required	Received	N/A	Approved	Fees entered		Required	Received	N/A	Approved
Building	☒	☒	☐	☐	☐	Occupancy/No-Work	☐	☐	☐	☐
Mechanical	☐	☐	☐	☐	☐	Occupancy/Kiosk	☐	☐	☐	☐
Electrical	☐	☐	☐	☐	☐	Elevator	☐	☐	☐	☐
Plumbing	☐	☐	☐	☐	☐	Police Approval	☐	☐	☐	☐
Zoning	☐	☐	☐	☐	☐	Appearance Review	☐	☐	☐	☐

APPLICATION INFORMATION

	Required	Received	N/A		Required	Received	N/A
Plumbing Letter of Intent	☐	☐	☐	Contractors Listed	☒	☐	☐
Business License	☐	☐	☐	Contractors License/Bonds	☒	☐	☐

ADDITIONAL REQUIREMENTS

	Required	Received	N/A	Approved	Field Inspection	Approved
MWRD	☐	☐	☐	☐	☐	☐
Landscape Plan	☐	☐	☐	☐	☐	☐

PLAN REVIEWS

☐ Plans Rolled ☒ Plans Folded

	Approved - Date/Initial	Denied - Date	Notified Applicant	Denied - Date	Notified Applicant	Denied - Date	Notified Applicant
Building	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Mechanical	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Electrical	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Plumbing	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Fire Life Safety	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Accessibility	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Energy	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Health	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Structural	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Foundation	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Planning	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Fire Alarm	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Fire Sprinkler	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
Fire Hood/Supp	☐ _____	☐ _____	☐	☐ _____	☐	☐ _____	☐
		Rvsd. Plans Rec'd		Rvsd. Plans Rec'd		Rvsd. Plans Rec'd	
		_____		_____		_____	
		Date		Date		Date	

MAYOR APPROVAL ☐ _____

COMMENTS

