

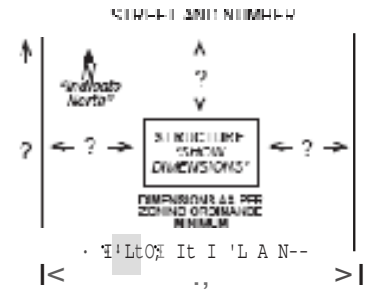


WIND TURBINE CONSTRUCTION SUBMITTAL CHECKLIST

1. A completed Permit Application.
 2. A Site Plan showing lot dimensions, structures and the proposed construction area with setbacks to lot lines and other structures for zoning purposes and fall radius requirements. Fall radius = (tower height plus blade diameter) x 110%. **YOU MAY USE A COPY OF THE PLAT OF SURVEY.**
 3. A Current Plat of Survey
 4. Two sets of **DETAILED** installation plans signed and sealed by an Illinois Licensed Architect or Structural Engineer which shows the following:
 - ✓ **Foundation Plan** [include size & depth of footing with any rebar requirements]
 - ✓ **Connection Detail** between foundation and tower base and the tower and turbine head.
 - ✓ **Elevation View**
 - ✓ **Electrical Plan**
 - ✓ **Manufactures specifications including maximum power output.**
 5. **Well/Septic System Impact Review Sheet/or Health Department approval.**
 - ✓ A copy of your current septic system will be required with the well/septic review sheet to verify if proposed work meets the Health Department setbacks. If a plan is not provided by the Health Department or our archival records, we will require a Health Department review and signoff to verify the location of your septic and well.
 6. **A nonrefundable review fee must be paid at the time of application. Cash, Check or Credit Card.**
 7. **A culvert certificate or sign off from the appropriate road district will be required. [IDOT for state highway's, MCDOT for county highway's or Township Road Commissioner for township roads]**
- ↗ **The items in red are not required at the time of applying, but are required prior to issuing the permit.**

SITE PLAN

- Parcel stakes *must* be visible
- Show *all* structures existing on lot at present time (Incl. well & septic)
- Note if your facility is *existing* or *proposed*
- Note: > p<tu:l:"l sil.t." and buildu JIVl<ttion
- hu.li l.etb.> nurllrdir liou
- hnJi -.etl;,>;,f/ouJj<<l:l'!!!l ol'!t.Jslslll<'-.ots (both iiiJ.HØed & uui l l l pruwll)



ALL SETBACKS ARE MEASURED FROM THE OVERHANG TO THE PROPERTY LINE!

. KFTf: H Y() {JR .ITF PI AN RFJ OW- .t; /PP! Y r: OMPI FTF IIFORMAT() U
 /Ot: AH f(t; i INN! ; -; UNPAUi: l l IYIJJJJ N. 'iilIN... JQ Pt. It: fl l Uti :< • NfJ Jf AIIOV1 .W<l U: f/

NfJ // -FRtr! IJIANT UI RFFRF FNtATI: " > Nf ONTI-F 31TFF1 > N M>Y RF .J-ll>. FORFITIIRF OF .NY
 ---- IIIH11 ki. iIII OBY 'l1Cllt. III" @IW.JN'I' III m, Ar l 10.1 <1 VII 'AOI III I AI *IC A III -N

NO INSPECTIONS UNTIL CULVERT IS INSTALLED AND ACCESS TO SITE IS AVAILABLE

P.I.N. _____ PERMIT# _____ DATE ISSUED _____

LOT **S** --- BLOCK _____ SUBDIVISION ----- UNII ← -----

AnnnF -----



McHenry County
Department of Planning and Development

OFFICE: McHenry County Admin. Bldg.
 667 Ware Road, Woodstock, Illinois

MAIL: 2200 N. Seminary Ave.
 Woodstock, Illinois 60098

www.co.mchenry.il.us/plandev

EMAIL: plandev@co.mchenry.il.us
 P: 815-334-4560 F: 815-334-4546

For internal use only

Permit #: _____

Zoning: _____

Date: _____

Twp Road _____

Jurisdiction: _____

PERMIT APPLICATION FOR COMMERCIAL STRUCTURES

OWNER/PRIMARY CONTACT INFORMATION

Property Owner's Name: _____

Company Name (if any): _____

Address: _____

Address: _____

Phone: _____

Use Email As Preferred Correspondence Method: Yes No

Email Address: _____

Preferred Method of Permit Release: Pick-up Mail

This section required if primary contact is different than the owner

Primary Contact: _____

Company Name (if any): _____

Address: _____

Address: _____

Phone: _____

Email Address: _____

PROPERTY INFORMATION

Parcel/Tax Number: _____ - _____ - _____ - _____

Project Address: _____

Parcel/tax numbers can be found at: www.mchenrycountygis.org/planning

Lot: _____ Block: _____

OWNER/PRIMARY CONTACT CERTIFICATION

I declare that this Application is true and correct to the best of my knowledge. I realize that the information that I have provided forms the basis for the issuance of the Permit and have included all work to be authorized with this Permit. I agree to construct said development in compliance with the permit documents.

Signature: _____

Date: _____

In order to receive a permit for a single family residence, the following statements must be completed.

STATEMENT OF AUTHORIZATION FOR STORMWATER MANAGEMENT

(Must be signed when Primary Contact is not Owner AND a Stormwater Permit is required)

I hereby authorize _____ (Primary Contact) to act on my behalf as my agent in the processing of this Application and to furnish, upon request, supplemental information in support of this Permit Application. This person will act on my behalf as the point of contact for permit correspondence.

Owner's Signature: _____

Date: _____

FIRE PROTECTION DISTRICT COMPLIANCE AFFIDAVIT

I, _____, owner of the parcel identified by McHenry County PIN# _____ - _____ - _____ - _____ do hereby acknowledge that as the owner of said property I am responsible for ensuring that building construction on my property complies with the requirements of the Fire Protection District having jurisdiction over the property.

Owner's Signature: _____

Date: _____

Notary Public: _____

Signed and sworn to before me this _____ day of _____, _____

TURN OVER TO COMPLETE PERMIT APPLICATION

MCHENRY COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

Parcel/Tax Number: _____

Permit #: _____

Project Address: _____

PROJECT INFORMATION

Project Description: _____

\$ _____ Approx. value of work covered by this permit

_____ - sq. ft. Total area of habitable/occupiable space to be constructed

_____ -sty _____ -ft Number of Stories and Building Height

_____ Occupancy Classification and Description, Sec. 302 (e.g. A-3: Art Gallery, B: Car Wash, etc.)

_____ Construction Type of the Proposed Structure, Sec. 602

_____ - sq. ft. Area of Principle Buidling Occupancy

_____ Mixed Use Occupancies (non-incidentall occupancies), Sec. 508

_____ - sq. ft. Area of Secondary Buidling Occupancy

C: _____ A: _____ (C) Calculated Occupancy Load for the Building & (A) Actual Occupants for the Building

Y N Will any part of the building be protected by a fire supression system?

_____ sq. ft. Proposed impervious area for this project (areas of any gravel/pavement/buildings/etc.)

_____ sq. ft. Proposed disturbance area (where buildings/driveways are placed plus where soil is graded, vegetation removed, etc.)

_____ sq. ft. Total impervious area created from **other** projects since January 2004

_____ Will the excavated material be kept ON SITE or hauled OFF SITE? (*pick one*)

Y N Will any work occur within road rights-of-way? *If yes, provide road district approval letter*

Y N Will you be demolishing an existing structure?

Y N Will any work occur on neighboring properties? *If yes, provide property owner approval letter*

Y N Will any additional structural components be installed (retaining wall, seawall, foundation)? *If yes, provide type:*

CONTRACTOR/SUB-CONTRACTOR INFORMATION (*as applicable*)

	Name &/or Company	Phone	Email
Architect		() - -	
Engineer:		() - -	
Roofer:		() - -	
Roofer License #:		() - -	
Plumber:		() - -	
Plumber Lic. & Reg. #:		() - -	
Excavator:		() - -	
Concrete Contractor:		() - -	
Electrician:		() - -	
HVAC Contractor:		() - -	

