

# MOLD REMEDIATION BUILDING PERMIT APPLICATION

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Property & Owner Information			
Owner Name			
Phone			
Email Address			
Street Address	_____		
	Romeoville, Illinois 60446		
Subdivision & Lot #	Subdivision _____	Lot # _____	
Work Performed by Homeowner			
If you are doing the work yourself complete the <i>Property Owner's Acknowledgement of Responsibility</i> form.			
Contractor Information			
If you are using a contractor or sub-contractor, a copy of the signed contract shall be included with the application and the following information shall be provided. All contractors and sub-contractors doing work in Romeoville shall be registered, insured and bonded with the Village.			
Contractor Name		Village Registration No.	
Contractor Address (no P.O. Box)			
Contractor Phone		Email Address	
Who is the applicant?	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Contractor		
Who will be doing the work? Check all that apply.	<input type="checkbox"/> Self <input type="checkbox"/> General Contractor <input type="checkbox"/> Sub-Contractor(s)		
Who is the contact person?	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor		
Estimated Cost	\$		

Office Use Only		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Status Sticker</b>  <small>OFFICIAL USE ONLY</small> </div>
Application Date:		
Received By:		
Permit Date:		
Permit #:		Cost of Permit: \$ <b>100.00</b>

<b>General Requirements</b>		<b>Office Use</b>
Please read the requirements and place a ✓ in the column to the left to confirm that you understand.		
	<p>If the mold area is less than 10 square feet (less than roughly a 3 Ft. by 3 Ft. area) the work may be done without a permit. For any area larger than the above stated 10 square feet a permit is required, with work performed by a licensed contractor. The Heating/ Ventilation/ Air conditioning (HVAC) system must be cleaned and checked by a licensed contractor. A mold remediator should have at least one of the following accredited certifications:</p> <ul style="list-style-type: none"> <li>*Industrial Hygienist</li> <li>*Healthy Home Specialist (HHS)</li> <li>*Council-Certified Indoor Environmental Remediator (CIER)</li> <li>*Council-Certified Microbial Remediator (CMR)</li> <li>*Council-Certified Microbial Remediation Supervisor</li> </ul> <p>To prevent health effects and to ensure proper remediation the following steps must be followed:</p>	
	*Use a hepa filter respirator minimum PPE is an N-95 respirator.	
	*Proper protective clothing must be worn.	
	*Wear rubber gloves.	
	*Open all windows in the area in which the remediation is being done.	
	*Shut down the entire mechanical (HVAC) system during remediation.	
	*Use proper exhaust fan (s) to move air out of affected area.	
	*Provide constant negative pressure by mechanical means in the affected area.	
	*Use only trained employees.	
	*Use Hepa Vacuums only.	
	*All damaged material must be double-bagged in 6-Mil or thicker	
	*A rough inspection will be conducted to make sure area under remediation has been properly prepared.	

<b>Polyethylene Bags</b>		
	*Bagged materials may be discarded with ordinary construction waste.	
	*Large items must be covered with polyethylene sheeting and sealed with duct tape and removed from containment area.	
	*Polyethylene sheeting must be used in containment area and should billow inward.	
	*Employees must wear goggles.	
	*Disposable clothing is recommended.	
	*Contractor must conduct visual and sensory survey of the area.	
	*Bio Aerosol sampling may be required.	

<b>Permit &amp; Inspection Requirements</b>		<b>Office Use</b>
<i>Please read the requirements and place a ✓ in the column to the left to confirm that you understand.</i>		
	The Building Permit must be posted in the building's window where it can be seen from the street.	
	<p>Each phase of construction shall be inspected and approved by the Village of Romeoville prior to proceeding to the next stage of construction.</p> <ul style="list-style-type: none"> <li>• All inspections shall be scheduled 72 hours in advance by calling (815)886-7200 or by emailing <a href="mailto:buildinginspections@romeoville.org">buildinginspections@romeoville.org</a>. Your permit number must be provided when inspections are scheduled.</li> <li>• Failure to call for required inspections may result in a "Stop Work Order".</li> <li>• Should you fail an inspection, a re-inspection fee shall be paid before continuing work and before scheduling another inspection.</li> </ul> <p><b>• FINAL – REMOVAL REPORT/MANIFEST TURNED INTO BUILDING DEPARTMENT</b></p> <ul style="list-style-type: none"> <li>• An air quality test shall be performed after remediation is complete in order to schedule the final inspection.</li> <li>• A final inspection shall be performed when the mold has been removed. If the inspection is passed, a Certificate of Completion will be issued</li> <li>• The project shall start within ninety (90) days from the date the permit is issued and completed within one hundred and eighty (180) days.</li> </ul>	

I hereby declare that I have read and understood this application. The above information and any attachments are correct. I agree, that in consideration of and upon issuance of a building or use permit, that I am allowed to do such work as herewith applied for, and that such premises shall be used only for such purposes as set forth above.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>This Page for Office Use Only</b>
Approval & Review Status

Building	Date Plans Received		Date Plans Approved	
	Plans Examiner		Plans Approved By	

Planning:	Date Plans Received		Date Plans Approved	
	Plans Examiner		Plans Approved By	

Clerical	Check for Outstanding Debt:		Contacted Date:	
	Person Contacted:		Contacted By:	