

Regional Office of Education

July 26, 2013

Rick Johnston, Superintendent
Mahomet-Seymour C.U.S.D. #3
101 N. Division, Box 229
Mahomet, IL 61853

Dear Rick:

We are in receipt of the following documents related to the Care Center bathroom update at Mahomet-Seymour High School: *Application for Building Permit, Plan Review Statements, Confirmation of Plan Review Records*, and two copies of plans and specifications.

Enclosed are the signed *Application for Building Permit, Regional Superintendent's Approval in Writing*, and the *Building Permit* for the Care Center bathroom update at Mahomet-Seymour High School. The *Building Permit* and the approved plans and specifications should be kept at the work site to serve as a basis for all subsequent inspections. I have enclosed copies of the documents for the site and the district office and mailed copies to Mark Yenser, Senior Project Manager, Ameresco. I will return the district copy of the notebook with the original documents within the next couple weeks.

Please feel free to contact me if you have questions.

Sincerely,



Jane E. Quinlan
Regional Superintendent

Enclosures

cc: Mark Yenser, Ameresco

APPLICATION FOR BUILDING PERMIT

Date Received by Regional Office of Education

7-23-13

Regional Office of Education Assigned Application Number

2014-4

DISTRICT NAME **Mahomet-Seymour CUSD #3**

COUNTY **Champaign**

FACILITY NAME **Mahomet-Seymour High School**

FACILITY LOCATION **302 W. State Street
Mahomet, IL 61853**

Property is owned by the district

Property not owned by district (Attach Authorization by owner)

PROJECT SCOPE

COST AND FINANCING

- Less Than \$50,000 but involves like activity
- More than \$50,000
- Less than 15% of replacement cost
- More than 15% of replacement cost but less than 50% of replacement cost
- More than 50% of replacement cost
- Fire Prevention and Safety Financing involved

PROJECT NUMBER: 30821

TOTAL ESTIMATED COST: \$60,873.00

ESTIMATED COMPLETION DATE: December 31, 2013

SOURCE OF ALL FUNDS: Sales Tax

TOTAL SQUARE FOOTAGE: _____

AREA AFFECTED:

- New area more than 7200 square feet
- Less than 50% of existing area
- More than 50% of existing area (sprinkle entire area per 105 ILCS 5/22-23)

FOR HEALTH/LIFE SAFETY FUNDING (5¢ LEVY OR BONDS) INDICATE:

Amendment number: _____

Item(s): _____

CATEGORIES OF WORK INVOLVED

- | | | |
|---|---|--|
| <input type="checkbox"/> New building construction | <input checked="" type="checkbox"/> Energy conservation | <input type="checkbox"/> Site work |
| <input type="checkbox"/> School building addition | <input type="checkbox"/> Mechanical (HVAC) work | <input type="checkbox"/> Sprinkler system installation |
| <input type="checkbox"/> Asbestos abatement | <input type="checkbox"/> Paving | <input type="checkbox"/> Structural work |
| <input checked="" type="checkbox"/> Accessibility (ADA) | <input checked="" type="checkbox"/> Plumbing work | <input type="checkbox"/> Telephone systems (E-911) |
| <input checked="" type="checkbox"/> Electrical work | <input type="checkbox"/> Security system | <input type="checkbox"/> Other: _____ |

PROJECT DOCUMENTS (Attach two copies of all construction documents)

CONSTRUCTION DOCUMENTS ATTACHED	DATE SUBMITTED
Drawings	See Attached Binder July 18, 2013
Specifications	See Attached Binder July 18, 2013
Plan Review Statements	See Attached Binder July 18, 2013
Confirmation of Plan Review	See Attached Binder July 18, 2013

ARCHITECT

We hereby certify that this application accurately describes the work to be performed and that, upon approval, all work will be completed to the best of our knowledge in compliance with the Health/Life Safety Code and the Sprinkler Code 5/22, 23 in accordance with this application and all applicable laws and regulations.

W. PETER KURPIEWSKI
(Seal)
062-050910

062-050910 License Number
11/30/2013 Expiration Date

Ameresco, Inc. (312) 994-8614
Name of Firm Phone Number

Name and Signature of Architect/Engineer
W. Peter Kurpiewski

SCHOOL DISTRICT

The Board of Education does hereby approve and adopt said plans and specifications for submission to the Regional Superintendent for review and issuance of a building permit.

7/23/2013 *[Signature]*
Date Signature of President, Board of Education

7/23/13 *[Signature]*
Date Signature of District Superintendent

The above Application for Building Permit is hereby accepted as submitted. An Application of Occupancy Permit and the final inspection are required for the Certificate of Occupancy, and must be scheduled prior to occupancy of building.

7/23/13 *[Signature]*
Date Signature of Regional Superintendent

SCHOOL BUILDING PERMIT

REGIONAL OFFICE OF EDUCATION ASSIGNED APPLICATION NUMBER 2014-04

Mahomet-Seymour High School Care Center Bathroom Update Project # 30821

<p>Regional Office of Education</p> <p>Champaign-Ford Regional Office of Education #9</p> <p>Address (Street, City, State, Zip Code)</p> <p>200 S. Fredrick, Rantoul, IL 61866</p> <p>Telephone Number (Include Area Code)</p> <p>217/893-3219</p>	<p>Name and Number of School District</p> <p>Mahomet-Seymour C.U.S.D. #3</p> <p>Name of School Building</p> <p>Mahomet-Seymour High School</p> <p>Address of School Building (Street, City, State, Zip Code)</p> <p>302 W. State Street, Mahomet, IL 61853</p>
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Issued this 23rd day of July 2013, to _____ Mahomet-Seymour C.U.S.D. #3 _____
(Name and number of school district)

Champaign County, Illinois, by authority conferred upon me by Sections 3-14.20, 3-14.21, 3-14.22 of The School Code of Illinois. These plans have been certified to be in conformance with the provisions of the Health and Life

Safety Code for Illinois, as approved by: _____ W. Peter Kurpiewski / 30821 _____
Architect's Name/Project Number

Approved _____ *James E. Quinlan* _____
Regional Superintendent of Schools

THIS NOTICE MUST BE POSTED AT CONSTRUCTION SITE

Note: A permit becomes invalid if work authorized thereby is not begun within 6 months of the date of issuance.

REGIONAL SUPERINTENDENT'S APPROVAL IN WRITING

The Regional Superintendent or designee approves the Plans and Specifications based on the review of the APPLICATION FOR BUILDING PERMIT, the certification and PLAN REVIEW STATEMENTS by the design professional, and PLAN REVIEW RECORDS signed off by qualified plan reviewers and/or a design professional, and any other evidence that the construction documents comply with all applicable requirements.

REGIONAL SUPERINTENDENT'S APPROVAL IN WRITING

This certifies that these constructions documents submitted pursuant to Application No.2014-04, and plan review records and/or plan review statements submitted in accordance with the 180.200 d) have been reviewed and approved on this 23rd day of July, 2013.

PROJECT #: 30821
ROE BUILDING PERMIT #: 2014-04
MAHOMET-SEYMOUR HIGH SCHOOL
CARE CENTER BATHROOM UPDATE

Jane E. Quinlan

Regional Superintendent or Designee Signature

Champaign
County