PROJECT ADDRESS:_____

SCOPE OF WORK

MAY 2015

BUILDING AND ZONING DEPARTMENT
ROOM 304, MUNICIPAL CENTER WEST
SPRINGFIELD, ILLINOIS 62701
PHONE: 789-2171 FAX: 789-2048
www.springfield.il.us

BUILDING INFORMATION – PROPOSED USE GROUP

IS THERE A CHANGE IN USE? YES___ NO____

ASSEMBLY
Church _____
Theater _____
Night Club/Bar _____
Restaurant _____
Other Assembly ____

EDUCATIONAL
Grades 1-12 _____
Day Care Use _____

FACTORY
Moderate Hazard ___
Low Hazard ___
STORAGE
Moderate Hazard ___
Low Hazard ___

BUSINESS ___

MERCANTILE ___

INSTITUTIONAL
Group Home _____
Hospital _____
Nursing Home _____
RESIDENTIAL
Hotel/Motel _____
Multi-Family
# of Units ____
Two Family ____
Single Family ____
Private Garage ____
Shed ____

HIGH HAZARD ____

OTHER
Parking Garage ___
Carport ___
Gas Station ___
Repair Garage ___
Public Utility ___
Fence
Other ___

SCOPE OF WORK – EXPLAIN IN DETAIL WHAT WORK IS BEING DONE