

# APPLICATION FOR OCCUPANCY

DISTRICT NAME AND NUMBER <b>Central Unit School District 301</b>	<input type="checkbox"/> GENERAL CERTIFICATE OF OCCUPANCY <input type="checkbox"/> CERTIFICATE OF PARTIAL OCCUPANCY <input type="checkbox"/> CERTIFICATE FOR A VEHICULAR FACILITY <input checked="" type="checkbox"/> CERTIFICATE OF TEMPORARY OCCUPANCY
FACILITY NAME <b>Prairie View Grade School</b>	
FACILITY LOCATION <b>10N630 Nesler Rd, Elgin, IL. 60124</b>	
<input checked="" type="checkbox"/> Property is owned by the district  <input type="checkbox"/> Property is not owned by district (Attach Owner Authorization)	<input type="checkbox"/> Amendment # _____ <input type="checkbox"/> New Use - Bldg Permit # _____ <input type="checkbox"/> New Construction - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Addition - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Renovation/Repair - Project # _____ Bldg Permit # _____

## III. DESIGN PROFESSIONAL'S CERTIFICATION

To the best of my knowledge and belief (check and complete applicable statement):

- ☐ 1. Based upon my survey of the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_ I find and hereby certify that the facility is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.
- ☐ 2. I find that the facility fails to comply fully with the requirements of Part 180. However, based upon my survey of the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_ and the attached TEMPORARY FACILITY REPORT (includes the Temporary Facility Elimination Plan and the Temporary Facility Checklist), I hereby certify that such noncompliance does not jeopardize the general health and safety of the student and others who occupy the facility.
- ☒ 3. Based upon my survey of the work within the above named facility on 08/07/25 I find and hereby certify that the work is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.

This statement, as selected above, is valid as of the day of the survey indicated. Changes to the facility or conditions affecting it after that date may render this statement invalid.

<b>08/08</b>	<b>Matthew T. Verdun</b>	<b>Wold Architects and En</b>
Date	Design Professional Name	Firm Name
<b>062.059546</b>	<b>847-241-6100</b>	
License Number	Phone Number	

11/30/2025  
Expiration Date



## SCHOOL DISTRICT CERTIFICATION

We hereby certify that this application accurately describes the status of the work and the occupancy we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

<u>8-11-25</u>	<u>Jeff E. Powell</u>
Date	District Superintendent

## FOR REGIONAL SUPERINTENDENT'S USE

INSPECTION RECORDS: Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSPECTION STATEMENT: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONFIRMATION OF CALLED INSPECTION RECORDS: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

An inspection was made or caused to be made upon the completion of the work and before issuance of a CERTIFICATE OF OCCUPANCY for the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_. Any violations of the approved construction documents and building permits were noted, and the holder of the permit was notified of the discrepancies. No certificate of occupancy was issued until the discrepancies were remedied.

Date \_\_\_\_\_ Regional Superintendent

# TEMPORARY FACILITY REPORT - Part I

## Temporary Facility Elimination Plan

The Board of Education for Central Unit School District 301

*District Name and Number*

in Kane

County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

Prairie View Grade School

*Name of School Building*

located at 10N630 Nesler Rd, Elgin, IL. 601

*Address of School Building*

until June 30, 2026

This temporary facility will be used for:

- ☒ Classrooms
- ☐ Storage
- ☐ Library
- ☐ Gymnasium
- ☐ Auditorium
- ☐ Other \_\_\_\_\_

This temporary facility will be:

- ☒ Relocatables
- ☐ Temporary rooms in: \_\_\_\_\_

*Name of Location (rental of churches, etc)*

Number of units, rooms or buildings to be used: 1 unit, 4 classrooms

Number of pupils to be housed in temporary housing: ±100 (25 per classroom)

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

New facility planning, realignment, building additions, referendum, growth still coming.

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

Referendum vote, new facilities, realignment.

This plan will be accomplished by Uncertain

*Date*

*Date*

*Signature of Board President*

*Date*

*Signature of Board Secretary*

**I have reviewed the request of School District No. 301, and approve the request for temporary housing as submitted by the Board of Education and certified by their design professional.**

*Date*

*Signature of Regional Superintendent*



# TEMPORARY FACILITY REPORT - Part II

## Temporary Facility Checklist

District Name/Number <b>Central Unit School District 301</b>			Building Name <b>Prairie View Grade School</b>		
Number of Units <b>1 unit, 4 classr</b>	Year Originally Constructed <b>2022</b>	Area Square Feet <b>3,360</b>	Enrollment <b>±100</b>	Grade Level <b>Pre-K-5</b>	Number of years in use <b>2</b>

### COMPLIANCE

### CHECK FOR THE FOLLOWING CONDITIONS

YES	NO	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the district have on file the compliance certificate from IDPH (pink copy)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Design Professional has verified with the IL Dept of Natural Resources/IDOT that the unit(s) is/are not located in a designated floodplain area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are there 2 exits on opposite sides of building?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is there an interconnecting door between classrooms?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the building located in accordance with Section 175.120 of 23 IL Administrative Code, Part 175? (30 feet from adjacent building or separated by two-hour fire wall; or BOCA 705.2 20'-0" or fire wall)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are the foundation walls maintained plumb and free from open cracks and breaks and kept in such condition as to prevent entry of weather, animals and insects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the enclosure between the floor and ground in good condition? (Tight to prevent entrance of weather, animals and insects)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are the steel floor support members in good rust-free condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the roof and flashing in good condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are stair tread and ramps maintained with non-slip finish and platforms in good condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are the restrooms clean, adequate and in operable condition and properly ventilated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are the plumbing fixtures properly installed and maintained in working order, free from leaks and defects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Are the lighting fixtures properly maintained, complete with lenses and louvers?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Do the doors lock securely without additional locks, bolts or chains?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Are doors equipped with panic hardware (If occupancy is over 100 occupants)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. When building is occupied, are all the doors free from devices or wedges to prevent normal operation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Are screened or barred windows easily opened from inside without keys or tools?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the exit lighting system used and all exit lights operable when the building is occupied? (rooms/corridors with more than 2 doors)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Is the building equipped with an approved operable alarm and detector system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Are utility shut-offs properly and clearly marked?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Are all combustible waste materials disposed of daily from classroom and building?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Are non-flammable cleaning materials used?  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. Are storerooms and closets free from waste accumulations and unnecessary materials?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Are enough fire extinguishers of approved type for intended use installed in the building? (75 feet max. from any point in the facility to a fire extinguisher.)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 33. Have fire extinguishers been inspected and so tagged within the past year?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Is the temperature control of the heating and/or cooling system adequate?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?  |

List all areas of noncompliance:

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### Illinois Licensed Design Professional

The State of Illinois licensed design professional, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20~~25~~ - 20~~26~~. Further, such design professional has listed the area of noncompliance with the Health/Life Safety Code.



062.059546

11/30/2025

License Number

Expiration Date

Matthew T. Verdun

Name and Signature of Design Professional

Wold Architects and E 08/07/25

Name of Firm

Date of Inspection

### SCHOOL DISTRICT

We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations

Date Signature of President, Board of Education

8-11-25

Date Signature of District Superintendent

### REGIONAL SUPERINTENDENT

The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted.

Date Signature Regional Superintendent



# APPLICATION FOR OCCUPANCY

DISTRICT NAME AND NUMBER <b>Central Unit School District 301</b>	<input type="checkbox"/> GENERAL CERTIFICATE OF OCCUPANCY <input type="checkbox"/> CERTIFICATE OF PARTIAL OCCUPANCY <input type="checkbox"/> CERTIFICATE FOR A VEHICULAR FACILITY <input checked="" type="checkbox"/> CERTIFICATE OF TEMPORARY OCCUPANCY
FACILITY NAME <b>Lily Lake Grade School</b>	
FACILITY LOCATION <b>5N720 Route 47, Maple Park, IL. 60151</b>	
<input checked="" type="checkbox"/> Property is owned by the district.  <input type="checkbox"/> Property is not owned by district (Attach Owner Authorization)	<input type="checkbox"/> Amendment # _____ <input type="checkbox"/> New Use - Bldg Permit # _____ <input type="checkbox"/> New Construction - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Addition - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Renovation/Repair - Project # _____ Bldg Permit # _____

## III. DESIGN PROFESSIONAL'S CERTIFICATION

To the best of my knowledge and belief (check and complete applicable statement):

- ☐ 1. Based upon my survey of the above named facility on \_\_\_/\_\_\_/\_\_\_ I find and hereby certify that the facility is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.
- ☐ 2. I find that the facility fails to comply fully with the requirements of Part 180. However, based upon my survey of the above named facility on \_\_\_/\_\_\_/\_\_\_ and the attached TEMPORARY FACILITY REPORT (includes the Temporary Facility Elimination Plan and the Temporary Facility Checklist), I hereby certify that such noncompliance does not jeopardize the general health and safety of the student and others who occupy the facility.
- ☒ 3. Based upon my survey of the work within the above named facility on 08/07/25 I find and hereby certify that the work is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.

This statement, as selected above, is valid as of the day of the survey indicated. Changes to the facility or conditions affecting it after that date may render this statement invalid.

<b>08/08</b>	<b>Matthew T. Verdun</b>	<b>Wold Architects and En</b>
Date	Design Professional Name	Firm Name
<b>062.059546</b>	<b>847-241-6100</b>	
License Number	Phone Number	

**11/30/2025**  
 Expiration Date



## SCHOOL DISTRICT CERTIFICATION

We hereby certify that this application accurately describes the status of the work and the occupancy we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

Date <u>8-11-25</u> President of the Board of Education	Date <u>8-11-25</u> District Superintendent
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## FOR REGIONAL SUPERINTENDENT'S USE

INSPECTION RECORDS: Date Reviewed: \_\_\_/\_\_\_/\_\_\_

INSPECTION STATEMENT: Date Received: \_\_\_/\_\_\_/\_\_\_

CONFIRMATION OF CALLED INSPECTION RECORDS: Date Received: \_\_\_/\_\_\_/\_\_\_

An inspection was made or caused to be made upon the completion of the work and before issuance of a CERTIFICATE OF OCCUPANCY for the above named facility on \_\_\_/\_\_\_/\_\_\_ Any violations of the approved construction documents and building permits were noted, and the holder of the permit was notified of the discrepancies. No certificate of occupancy was issued until the discrepancies were remedied.

Date \_\_\_\_\_ Regional Superintendent

# TEMPORARY FACILITY REPORT - Part I

## Temporary Facility Elimination Plan

The Board of Education for Central Unit School District 301

*District Name and Number*

in Kane County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

Lily Lake Grade School

*Name of School Building*

located at 5N720 Route 47, Maple Park, IL.

*Address of School Building*

until June 30, 2026

This temporary facility will be used for:

- ☒ Classrooms
- ☐ Storage
- ☐ Library
- ☐ Gymnasium
- ☐ Auditorium
- ☐ Other \_\_\_\_\_

This temporary facility will be:

- ☒ Relocatables
- ☐ Temporary rooms in: \_\_\_\_\_

*Name of Location (rental of churches, etc)*

Number of units, rooms or buildings to be used: 1 unit, 2 classrooms

Number of pupils to be housed in temporary housing: ±50 (25 per classroom)

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

New facility planning, realignment, building additions, referendum, growth still coming.

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

Referendum vote, new facilities, realignment.

This plan will be accomplished by Uncertain

*Date*

*Date*

*Signature of Board President*

*Date*

*Signature of Board Secretary*

I have reviewed the request of School District No. 301, and approve the request for temporary housing as submitted by the Board of Education and certified by their design professional.

*Date*

*Signature of Regional Superintendent*

(3/09) Form 36-26 (Prescribed by the Regional Superintendent for local board use)

180.230 c)



# TEMPORARY FACILITY REPORT - Part II

## Temporary Facility Checklist

District Name/Number Central Unit School District 301			Building Name Lily Lake Grade School		
Number of Units 1 unit, 2 classr	Year Originally Constructed 2022	Area Square Feet 1,474	Enrollment ±50	Grade Level Pre-K-5	Number of years in use 2

### COMPLIANCE

### CHECK FOR THE FOLLOWING CONDITIONS

YES	NO	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the district have on file the compliance certificate from IDPH (pink copy)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Design Professional has verified with the IL Dept of Natural Resources/IDOT that the unit(s) is/are not located in a designated floodplain area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are there 2 exits on opposite sides of building?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is there an interconnecting door between classrooms?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the building located in accordance with Section 175.120 of 23 IL Administrative Code, Part 175? (30 feet from adjacent building or separated by two-hour fire wall; or BOCA 705.2 20'-0" or fire wall)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are the foundation walls maintained plumb and free from open cracks and breaks and kept in such condition as to prevent entry of weather, animals and insects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the enclosure between the floor and ground in good condition? (Tight to prevent entrance of weather, animals and insects)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are the steel floor support members in good rust-free condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the roof and flashing in good condition?
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Are the lighting fixtures properly maintained, complete with lenses and louvers?
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Is the building equipped with an approved operable alarm and detector system?
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Are all combustible waste materials disposed of daily from classroom and building?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Are non-flammable cleaning materials used?  |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 33. Have fire extinguishers been inspected and so tagged within the past year?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Is the temperature control of the heating and/or cooling system adequate?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?  |

List all areas of noncompliance:

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### Illinois Licensed Design Professional

The State of Illinois licensed design professional, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20~~25~~ - 20~~26~~. Further, such design professional has listed the area of noncompliance with the Health/Life Safety Code.



062.059546

11/30/2025

License Number

Expiration Date

Matthew T. Verdun

Name and Signature of Design Professional

Wold Architects and E 08/07/25

Name of Firm

Date of Inspection

### SCHOOL DISTRICT

We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.

Date \_\_\_\_\_ Signature of President, Board of Education \_\_\_\_\_

8/11/25 \_\_\_\_\_  
Date Signature of District Superintendent

### REGIONAL SUPERINTENDENT

The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted

Date \_\_\_\_\_ Signature Regional Superintendent \_\_\_\_\_



# APPLICATION FOR OCCUPANCY

DISTRICT NAME AND NUMBER <b>Central Unit School District 301</b>	<input type="checkbox"/> GENERAL CERTIFICATE OF OCCUPANCY <input type="checkbox"/> CERTIFICATE OF PARTIAL OCCUPANCY <input type="checkbox"/> CERTIFICATE FOR A VEHICULAR FACILITY <input checked="" type="checkbox"/> CERTIFICATE OF TEMPORARY OCCUPANCY
FACILITY NAME <b>Country Trails Elementary School</b>	
FACILITY LOCATION <b>3701 Highland Woods Blvd. Elgin, IL. 60124</b>	
<input checked="" type="checkbox"/> Property is owned by the district.  <input type="checkbox"/> Property is not owned by district (Attach Owner Authorization)	<input type="checkbox"/> Amendment # _____ <input type="checkbox"/> New Use - Bldg Permit # _____ <input type="checkbox"/> New Construction - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Addition - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Renovation/Repair - Project # _____ Bldg Permit # _____

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To the best of my knowledge and belief (check and complete applicable statement):

- ☐ 1. Based upon my survey of the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_ I find and hereby certify that the facility is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.
- ☐ 2. I find that the facility fails to comply fully with the requirements of Part 180. However, based upon my survey of the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_ and the attached TEMPORARY FACILITY REPORT (includes the Temporary Facility Elimination Plan and the Temporary Facility Checklist), I hereby certify that such noncompliance does not jeopardize the general health and safety of the student and others who occupy the facility.
- ☒ 3. Based upon my survey of the work within the above named facility on 08/07/25 I find and hereby certify that the work is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.

This statement, as selected above, is valid as of the day of the survey indicated. Changes to the facility or conditions affecting it after that date may render this statement invalid.

08/08 Matthew T. Verdun Wold Architects and En  
 Date Design Professional Name Firm Name  
062.059546 847-241-6100  
 License Number Phone Number

11/30/2025  
 Expiration Date



## SCHOOL DISTRICT CERTIFICATION

We hereby certify that this application accurately describes the status of the work and the occupancy we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

Date President of the Board of Education

Date

District Superintendent

## FOR REGIONAL SUPERINTENDENT'S USE

INSPECTION RECORDS: Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSPECTION STATEMENT: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONFIRMATION OF CALLED INSPECTION RECORDS: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

An inspection was made or caused to be made upon the completion of the work and before issuance of a CERTIFICATE OF OCCUPANCY for the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_. Any violations of the approved construction documents and building permits were noted, and the holder of the permit was notified of the discrepancies. No certificate of occupancy was issued until the discrepancies were remedied.

Date Regional Superintendent

# TEMPORARY FACILITY REPORT - Part I

## Temporary Facility Elimination Plan

The Board of Education for Central Unit School District 301

*District Name and Number*

in Kane County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

Country Trails Elementary School located at 3701 Highland Woods Blvd. Elgin

*Name of School Building*

*Address of School Building*

until June 30, 2026

This temporary facility will be used for:

- ☒ Classrooms
- ☐ Storage
- ☐ Library
- ☐ Gymnasium
- ☐ Auditorium
- ☐ Other \_\_\_\_\_

This temporary facility will be:

- ☒ Relocatables
- ☐ Temporary rooms in: \_\_\_\_\_

*Name of Location (rental of churches, etc)*

Number of units, rooms or buildings to be used: 1 unit, 4 classrooms

Number of pupils to be housed in temporary housing: ±100 (25 per classroom)

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

New facility planning, realignment, building additions, referendum, growth still coming.

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

Referendum vote, new facilities, realignment.

This plan will be accomplished by Uncertain

*Date*

*Date*

*Signature of Board President*

*Date*

*Signature of Board Secretary*

I have reviewed the request of School District No. 301, and approve the request for temporary housing as submitted by the Board of Education and certified by their design professional.

*Date*

*Signature of Regional Superintendent*



# TEMPORARY FACILITY REPORT - Part II

## Temporary Facility Checklist

District Name/Number <b>Central Unit School District 301</b>			Building Name <b>Country Trails Elementary School</b>		
Number of Units <b>1unit, 4 classr</b>	Year Originally Constructed <b>2022</b>	Area Square Feet <b>3,360</b>	Enrollment <b>±100</b>	Grade Level <b>Pre-K-5</b>	Number of years in usc <b>2</b>

### COMPLIANCE

### CHECK FOR THE FOLLOWING CONDITIONS

YES	NO	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the district have on file the compliance certificate from IDPH (pink copy)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Design Professional has verified with the IL Dept of Natural Resources/IDOT that the unit(s) is/are not located in a designated floodplain area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are there 2 exits on opposite sides of building?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is there an interconnecting door between classrooms?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the building located in accordance with Section 175.120 of 23 IL Administrative Code, Part 175? (30 feet from adjacent building or separated by two-hour fire wall; or BOCA 705.2 20'-0" or fire wall)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are the foundation walls maintained plumb and free from open cracks and breaks and kept in such condition as to prevent entry of weather, animals and insects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the enclosure between the floor and ground in good condition? (Tight to prevent entrance of weather, animals and insects)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are the steel floor support members in good rust-free condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the roof and flashing in good condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are stair tread and ramps maintained with non-slip finish and platforms in good condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are the restrooms clean, adequate and in operable condition and properly ventilated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are the plumbing fixtures properly installed and maintained in working order, free from leaks and defects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Are the lighting fixtures properly maintained, complete with lenses and louvers?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Do the doors lock securely without additional locks, bolts or chains?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Are doors equipped with panic hardware (If occupancy is over 100 occupants)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. When building is occupied, are all the doors free from devices or wedges to prevent normal operation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Are screened or barred windows easily opened from inside without keys or tools?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the exit lighting system used and all exit lights operable when the building is occupied? (rooms/corridors with more than 2 doors)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Is the building equipped with an approved operable alarm and detector system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Are utility shut-offs properly and clearly marked?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?



- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Are all combustible waste materials disposed of daily from classroom and building?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Are non-flammable cleaning materials used?  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. Are storerooms and closets free from waste accumulations and unnecessary materials?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Are enough fire extinguishers of approved type for intended use installed in the building? (75 feet max. from any point in the facility to a fire extinguisher.)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 33. Have fire extinguishers been inspected and so tagged within the past year?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Is the temperature control of the heating and/or cooling system adequate?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?  |

List all areas of noncompliance:

### Illinois Licensed Design Professional

The State of Illinois licensed design professional, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20~~25~~ - 20~~26~~. Further, such design professional has listed the area of noncompliance with the Health/Life Safety Code.



062.059546

11/30/2025

License Number

Expiration Date

Matthew T. Verdun

Name and Signature of Design Professional

Wold Architects and E 08/07/25

Name of Firm

Date of Inspection

### SCHOOL DISTRICT

We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.

Date Signature of President, Board of Education

8-11-25 Date Signature of District Superintendent

### REGIONAL SUPERINTENDENT

The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted.

Date Signature Regional Superintendent

# APPLICATION FOR OCCUPANCY

DISTRICT NAME AND NUMBER <b>Central Unit School District 301</b>	<input type="checkbox"/> GENERAL CERTIFICATE OF OCCUPANCY <input type="checkbox"/> CERTIFICATE OF PARTIAL OCCUPANCY <input type="checkbox"/> CERTIFICATE FOR A VEHICULAR FACILITY <input checked="" type="checkbox"/> CERTIFICATE OF TEMPORARY OCCUPANCY
FACILITY NAME <b>Howard B. Thomas Grade School</b>	
FACILITY LOCATION <b>44W575 Plato Rd, Burlington, IL. 60109</b>	
<input checked="" type="checkbox"/> Property is owned by the district.  <input type="checkbox"/> Property is not owned by district (Attach Owner Authorization)	<input type="checkbox"/> Amendment # _____ <input type="checkbox"/> New Use - Bldg Permit # _____ <input type="checkbox"/> New Construction - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Addition - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Renovation/Repair - Project # _____ Bldg Permit # _____

## III. DESIGN PROFESSIONAL'S CERTIFICATION

To the best of my knowledge and belief (check and complete applicable statement):

- ☐ 1. Based upon my survey of the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_ I find and hereby certify that the facility is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.
- ☐ 2. I find that the facility fails to comply fully with the requirements of Part 180. However, based upon my survey of the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_ and the attached TEMPORARY FACILITY REPORT (includes the Temporary Facility Elimination Plan and the Temporary Facility Checklist), I hereby certify that such noncompliance does not jeopardize the general health and safety of the student and others who occupy the facility.
- ☒ 3. Based upon my survey of the work within the above named facility on 08/07/25 I find and hereby certify that the work is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.

This statement, as selected above, is valid as of the day of the survey indicated. Changes to the facility or conditions affecting it after that date may render this statement invalid.

08/08 Matthew T. Verdun Wold Architects and En  
 Date Design Professional Name Firm Name  
062.059546 847-241-6100  
 License Number Phone Number

11/30/2025  
 Expiration Date



## SCHOOL DISTRICT CERTIFICATION

We hereby certify that this application accurately describes the status of the work and the occupancy we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

8-11-25 [Signature]  
 Date President of the Board of Education Date District Superintendent

## FOR REGIONAL SUPERINTENDENT'S USE

INSPECTION RECORDS: Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 INSPECTION STATEMENT: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CONFIRMATION OF CALLED INSPECTION RECORDS: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

An inspection was made or caused to be made upon the completion of the work and before issuance of a CERTIFICATE OF OCCUPANCY for the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_. Any violations of the approved construction documents and building permits were noted, and the holder of the permit was notified of the discrepancies. No certificate of occupancy was issued until the discrepancies were remedied.

\_\_\_\_\_  
Date Regional Superintendent

# TEMPORARY FACILITY REPORT - Part I

## Temporary Facility Elimination Plan

The Board of Education for Central Unit School District 301

*District Name and Number*

in Kane County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

Howard B. Thomas Grade School located at 44W575 Plato Rd, Burlington, IL.

*Name of School Building*

*Address of School Building*

until June 30, 2026

This temporary facility will be used for:

- ☒ Classrooms
- ☐ Storage
- ☐ Library
- ☐ Gymnasium
- ☐ Auditorium
- ☐ Other \_\_\_\_\_

This temporary facility will be:

- ☒ Relocatables
- ☐ Temporary rooms in: \_\_\_\_\_

*Name of Location (rental of churches, etc)*

Number of units, rooms or buildings to be used: 1 unit, 4 classrooms

Number of pupils to be housed in temporary housing: ±100 (25 per classroom)

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

New facility planning, realignment, building additions, referendum, growth still coming.

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

Referendum vote, new facilities, realignment.

This plan will be accomplished by Uncertain  
*Date*

*Date*

*Signature of Board President*

*Date*

*Signature of Board Secretary*

I have reviewed the request of School District No. 301, and approve the request for temporary housing as submitted by the Board of Education and certified by their design professional.

*Date*

*Signature of Regional Superintendent*



# TEMPORARY FACILITY REPORT - Part II

## Temporary Facility Checklist

District Name/Number <b>Central Unit School District 301</b>			Building Name <b>Howard B. Thomas Grade School</b>		
Number of Units <b>1 unit, 4 classr</b>	Year Originally Constructed <b>2022</b>	Area Square Feet <b>3,360</b>	Enrollment <b>±100</b>	Grade Level <b>Pre-K-5</b>	Number of years in use <b>2</b>

### COMPLIANCE

### CHECK FOR THE FOLLOWING CONDITIONS

YES	NO	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the district have on file the compliance certificate from IDPH (pink copy)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Design Professional has verified with the IL Dept of Natural Resources/IDOT that the unit(s) is/are not located in a designated floodplain area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are there 2 exits on opposite sides of building?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is there an interconnecting door between classrooms?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the building located in accordance with Section 175.120 of 23 IL Administrative Code, Part 175? (30 feet from adjacent building or separated by two-hour fire wall; or BOCA 705.2 20'-0" or fire wall)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are the foundation walls maintained plumb and free from open cracks and breaks and kept in such condition as to prevent entry of weather, animals and insects?
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are the steel floor support members in good rust-free condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the roof and flashing in good condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are stair tread and ramps maintained with non-slip finish and platforms in good condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are the restrooms clean, adequate and in operable condition and properly ventilated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are the plumbing fixtures properly installed and maintained in working order, free from leaks and defects?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Are the lighting fixtures properly maintained, complete with lenses and louvers?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Do the doors lock securely without additional locks, bolts or chains?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Are doors equipped with panic hardware (If occupancy is over 100 occupants)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. When building is occupied, are all the doors free from devices or wedges to prevent normal operation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Are screened or barred windows easily opened from inside without keys or tools?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the exit lighting system used and all exit lights operable when the building is occupied? (rooms/corridors with more than 2 doors)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Is the building equipped with an approved operable alarm and detector system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Are utility shut-offs properly and clearly marked?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Are all combustible waste materials disposed of daily from classroom and building?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Are non-flammable cleaning materials used?  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. Are storerooms and closets free from waste accumulations and unnecessary materials?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Are enough fire extinguishers of approved type for intended use installed in the building? (75 feet max. from any point in the facility to a fire extinguisher.)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 33. Have fire extinguishers been inspected and so tagged within the past year?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Is the temperature control of the heating and/or cooling system adequate?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?  |

List all areas of noncompliance:

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### Illinois Licensed Design Professional

The State of Illinois licensed design professional, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20~~25~~ - 20~~26~~. Further, such design professional has listed the area of noncompliance with the Health/Life Safety Code.



062.059546

11/30/2025

License Number

Expiration Date

Matthew T. Verdun

Name and Signature of Design Professional

Wold Architects and E 08/07/25

Name of Firm

Date of Inspection

### SCHOOL DISTRICT

We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.

Date \_\_\_\_\_ Signature of President, Board of Education \_\_\_\_\_

8-11-25

Date \_\_\_\_\_ Signature of District Superintendent \_\_\_\_\_

### REGIONAL SUPERINTENDENT

The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted.

Date \_\_\_\_\_ Signature Regional Superintendent \_\_\_\_\_