

**COOK COUNTY PRESIDENT**

TONI PRECKWINKLE



DEBORAH C. STONE

Director

69 West Washington - Suite 1900

Chicago, Illinois 60602-3004

TEL: (312) 603-8200

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**ENVIRONMENTAL CONTROL RESIDENTIAL DEMOLITION APPLICATION**

Permit Fee: \$300 for the first structure & \$150 for each additional structure located at the same address

<b>1. BUILDING INFORMATION:</b>					
Type of Building:	House	Garage	Shed		
Bldg Size:	Sq. Ft.:	#Flrs:	Age:	Present Use:	
Prior Use:	Future Use (demo):				
Address:					
City:	County: Cook	Unincorporated:	Yes	No	Zip:
Contact:	Phone:				
<b>2. OWNER NAME INFORMATION:</b>					
Owner Name:	Address:				
City:	State:			Zip:	
Contact:	Phone:				
<b>3. DEMOLITION CONTRACTOR INFORMATION:</b>					
Contractor Name:	Address:				
City:	State:			Zip:	
Contact:	Phone:				
<b>4. PROJECT INFORMATION:</b>					
Is Asbestos Present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:					
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:					
<b>5. PROJECT DATES:</b>					
Scheduled Demolition Start Date:			Finish Date:		
Work Hours:	AM	PM	AM	PM	
Working Weekends?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Working Evenings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. Cook County cannot accept faxed copies. Phased projects will not be accepted.</i>					
<b>6. ASBESTOS INSPECTOR ID#: 100-</b>			Name:		
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>					
<b>7. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS:</b>					

<b>8. DISPOSAL SITE/LANDFILL:</b>			
Name:		Address:	
City:	County:	Zip:	Phone:
<b>9. WASTE TRANSPORTER:</b>			
Name:		Address:	
City:	County:	Zip:	Phone:
<b>10. WAS DEMOLITION ORDERED BY A GOVERNMENT AGENCY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
<b>11. FOR EMERGENCY RENOVATION:</b>			
Date and hour of emergency (mm/dd/yyyy):		AM	PM
Describe sudden unplanned event. (Example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
<b>12. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.</b>			
I certify that at least one person will be on site at all times who is able to identify suspect Asbestos Containing Material in the event that it is discovered/identified after the demolition or renovation begins, having in his or her possession such credentials for inspection, as evidence that the requisite training has been accomplished. I further certify that I have properly notified the governing municipality of this project or Cook County Building & Zoning.			
CERTIFICATE # _____		NAME OF TRAINING COURSE _____	
I certify the above information is true and correct.			
_____		_____	
<b>Signature of Demolition Contractor or the Owner</b>		<b>Date</b>	
Any person who knowingly makes a false, fictitious, or fraudulent material statement orally or in writing, to the Cook County Department of Environmental Control is in direct violation of the Cook County Ordinance Chapter 30 and all other applicable Cook County Ordinances/Statues and is subject to fines in excess of \$10,000. If a permit is granted for this project it is exclusive to the demolition contractor listed on this application and may not be modified by any except the original signee of this application or his approved representative for work specified herein on the dates approved by and printed on the subsequent permit.			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. Cook County requires original signatures on the notification forms. All notifications submitted to Cook County must be accompanied by the appropriate fee.</i>			
<b>FOR COOK COUNTY DEPARTMENTAL USE ONLY.</b>			
Date Received CCDEC:	Post Marked Date:	Input Into Computer:	
Inspection Fee Received:	Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>	Must be Inspected:	
Date(s) of Inspections:			
Inspection Report Attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Violation Copies Attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Submit this form to**  
**Cook County Department of Environmental Control**  
**69 W. Washington, Suite 1900. Chicago, IL 60602-3004**  
**Initial Fee of \$300 and \$150 for each additional property at same address**