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2nd Dist. 3rd Dist.

4th Dist

5th Dist. 6th Dist.

7th Dist. 8th Dist.



9th Dist.

10th Dist. 11th Dist.

12th Dist. 13th Dist. 14th Dist.

13th Dist. 14th Dist. 15th Dist.

16th Dist. 17th Dist

BUREAU OF ADMINISTRATION DEPARTMENT OF ENVIRONMENTAL CONTROL **KEVIN N. GIVENS** DIRECTOR

> 69 WEST WASHINGTON, SUITE 1900 CHICAGO, ILLINOIS 60602-3004 TEL (312) 603-8200 FAX (312) 603-9828

ASBESTOS AND DEMOLITION POLICY

Demolition is the wrecking or taking out of any load-supporting structural member of the building, whether or not there are regulated asbestos containing materials (ACM) present.

Renovation does not involve the wrecking or taking out of any load-supporting structural member of the building, but does include the stripping or removal of any ACM.

PERMIT APPLICATION FORMS

Residential Demolition Application form is required for the demolition of a residential building with four or *less* dwelling units (includes garages). This application, and the following three items, must be submitted to this Department at least ten (10) working days before the start of the project.

- 1. Permit fees (explained below)
- 2. Hand drawn site plan ("plat of survey" could be substituted)
- 3. Asbestos assessment report conducted by a licensed (Illinois Department of Public Health) asbestos inspector.

Notification of Demolition and Renovation form is required for all renovation projects (residential, commercial and industrial). This form is also required for demolition of all industrial structures, all commercial structures, and residential buildings which have more than four dwelling units. This application, and the following three items, must be submitted to this Department at least ten (10) working days before the start of the project.

- 1. Permit fees (explained below)
- 2. Hand drawn site plan required for demolition projects only (not renovations)
- 3. Asbestos assessment report required for demolition projects only.

PERMIT FEES

Demolition Permit Fee = FILING FEE (\$25) + INSPECTION FEE (\$75 per structure)

Examples: Garage only = 100; House only = 100; House & detached garage = 175

Commercial/industrial sites require separate permit for each structure: \$100 per structure.

When an asbestos removal permit has been obtained, the demolition permit fee will be waived when it is for the same structure.

(Continued on next page)

PERMIT FEES (Continued)

Asbestos Removal Permit Fee = FILING FEE + INSPECTION FEE

FILING FEE = 100

INSPECTION FEE = $\frac{3}{\text{sq. ft.}}$ ACM or $\frac{1}{\text{linear ft.}}$ ACM up to a maximum of \$1000.

Cook County does not distinguish between friable & non-friable ACM in the above fees.

<u>RESIDENTIAL</u>: Filing fee only required.

<u>COMMERCIAL</u> or <u>INDUSTRIAL</u>: Filing fee plus inspection fee are required for all *demolitions or renovations* projects.

REVISIONS

Submit to this Department the Cook County **Revision Application** and make the changes as requested. This revision application must be faxed or mail-received at least <u>48 hours</u> prior to the work related revisions or start date changes.

STATE OF ILLINOIS

ASBESTOS ABATEMENT/DEMOLITION/RENOVATION

Date:

PROJECT UNIFORM NOTIFICATION FORM					Revision #:							
Project greater than 3 sq./ft. and/or 3 ln. ft. and ALL school projects shall be submitted to IE				DPH		Item Number(s) Revised:						
Projects greater than 160 sq./ft. and/or 260 ln./ft. and demolition projects shall be submitted to IEF				ted to IEPA	*If revision, complete below.							
COOK COUNTY DOES NOT ACCEPT THIS FORM FOR REVISIONS					Fax # (217) 785-5897 (IDPH ONLY)							
This form shall be used								. ,		•		
OF PUBLIC HEALTH (II	•							GLINCI	(ILFA), ILLINO	10 L		1
	1					· /	lition/R	N- R	enovation			
TYPED OF NOTIFICATION: (O-Original/R-Revised/C-Cancelled/D-Demolition/RN- Renovation												
Circle type of building below. Notice will not be accepted unless one and only one type of project is circled below. Friable School Project Non-friable School Floor Tile Project Both Friable & Non-friable School Project CPB (Friable & Non-friable) Project					oiect							
*		Dwner's Repr			ractor	Owne			Project Design		(circle one	
1. FACILITY INFORMA	5		esentati		Ideloi	Owne	1	1	Toject Design		(circle one)
FACILITY NAME:	non.						School B		4.			
TAGIEITT NAME.							School B	nug. ID #	r.			
LOCATION OF ASBES	TOS CONTAINING MA	TERIALS (ACN	1) IN STR	UCTURE:	1							
BLDG. SIZE:	sq ft	# o	f Flrs.	AGE	PRESENT U	JSE:						
PRIOR USE:					Future Use (D	emo):						
ADDRESS:					1							
CITY:					COUNTY:				ZIP:			
CONTACT PERSON:						1	F	PHONE:				
2. SCHOOL DISTRICT/	FACILITY OWNER:					District Na	me & Nur	nber:				
Address:							City:					
State, Zip:		Contact:	<i>c</i>					Phone:				
Copies of abatement pe board shall be submitted								vner or s	CNOOL			
3. ASBESTOS CONTRA	ACTOR:											
Address:							City:					
State, Zip:		Contact:					F	Phone:				
4. DEMOLITION CONT	RACTOR:											
Address:	Address: City:											
State, Zip: Contact:					F	Phone:						
5. ABATEMENT INFORMATION: IS ASBESTOS PRESENT? Y N												
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:												
METHODS TO BE EMPLOY	YED INCLUDING DEMOLIT	TION OR RENOV	ATION TE	CHNIQUES:								
DESCRIPTION OF WORK												
DESCRIPTION OF WORK	FRACTICES AND ENGINE		L3 03ED		DOIONO AT THE	DEWICLINON	OK KENO	ATION 3	112.			
6. REGULATED ASBES		NON-FRIA REMOVED CAT	0 (Demoliti		NON-FRIA BE REMO CAT I				L ASBESTOS REMOVED		NESHAPS (please circle	e one)
Pipes (Ln. ft)		CAI		CAT II	CAT		CAT II				Y	N
Surface Area (Sq. ft)	1										Y	Ν
Volume (Cu. ft.)										T	Y	Ν
			FINISH: TIMES:									
SCHEDULED DEMOLITION DATE START: FINISH: TIMES:												
		COOK C	OUNTY	DOES NOT A	CCEPT PHA	SED PROJ	ECTS					
PHASE PROJECT?	Yes	No	STAR	Г: 	FINISH:	H: FRC		ROM: T		тс	TO:	
If yes, list the approximate dates &	& times of the phases		STAR	r:	FINISH:	FINISH:		FROM:		TO:		
WORKING WEEKENDS? Yes No START:			Г:	FINISH:	I: FROM: TO:							
8. PROJECT DESIGNE					NAME:							
	PRC	JECT DESIGNER	R LICENSE	E # AND NAME IF T	HIS PROJECT W	AS DESIGNE	D BY DESI	GNER				

9. INSPECTOR ID #: NAME:						
10. PROCEDURE, INCLUDING ANALY	TICAL METH	OD. USED TO DETECT THE PRE	SENCE	E OF ASBESTOS:		
,		,				
NAME OF ANALYTICAL TESTING LABORAT	ORY:					
11. ASBESTOS PROJECT MANAGER	ID #:		NA	IAME:		
12. AIR SAMPLING PROFESSIONAL I	D #:		NA	IAME:		
13. DISPOSAL SITE: LAND	FILL NAME:					
Address:					City:	
State, Zip:		Landfill Permit #:			Phone:	
14. WASTE TRANSPORTER:		NAME:			-	
Address:					City:	
State, Zip:		Contact:			Phone:	
If the asbestos project is non-friable,		-				
15. TRAINING INFORMATION: copies of the individuals OSHA 1926.1101 training cours		nel trained under OSHA, 1926.1101 and name of the source. If the individuals are licensed as asbesto				
(Do not include AHERA designed person training or mai	ntenance 14 hour tr	aining.)	1			
NAME:			TRAI	INING COURSE ID #'S:		
NAME:			TRAI	INING COURSE ID #'S:		
NAME:			TRAI	INING COURSE ID #'S:		
16. IS DEMOLITION ORDERED BY A	GOVERNMEN	ITAL AGENCY? Y	Ν	(If Yes, a signed cop	y of Order must be attached)	
Governmental representative ordering the	ne activity:	I				
Title:		Date of Order:			Ordered Demolition Date:	
17. FOR EMERGENCY RENOVATION						
Date and hour of emergency (mm/dd/yy):		AM/F	PM		
Description of the sudden, unplanned ev	vent (e.g., stru	cture in danger of imminent collaps	se):			
			VDEOT			
MATERIAL BECOMES CRUMBLED, P			APECI	TED ASBESTOS IS FOU	IND OR PREVIOUSLY NONFRIABLE ASBESTOS	
19. THE ABOVE INFORMATION IS RE ALL SECTIONS MUST BE COMPLETE			1.145, I	REV. NOV. 20, 1990		
I CERTIFY THAT AT LEAST ONE REP DEMOLITION OR RENOVATION, HAV					RT M, SHALL BE ON SITE DURING EQUISITE TRAINING HAS BEEN ACCOMPLISHED.	
CERTIFICATE #: NAME OF TRAINING COURSE:						
CERTIFICATE #: NAME OF TRAINING COURSE:						
I CERTIFY THE ABOVE INFORMATION IS CORRECT.						
SIGNATURE OF CONTRACTOR OR THE BUILDING OWNER'S REPRESENTATIVE Date						
IL EPA – AGENCY USE ONLY						
This form shall be mailed to IL EPA, P.O. Box 19276, Springfield, IL 62794-9276 (Original signature only, photocopy not valid) for ILEPA Only.) Date Received: Input to ACTS: Post Mark Date: To Cook/City:						
Date Received: Input to ACTS: Post Mark Date: To Cook/City: Champaign LaSalle Springfield Rockford Moline Marion						
For Cook County Departmental Use Only. Mail form to Cook Cty. Dept. of Env. Control, 69 W. Washington #1900, Chicago, IL 60602-3004						

Date(s) of Inspections:					
Inspection Report Attached:	YES	NO	Violation copies attached:	YES	NO

Post Mark Date:

Inspection Priority

Submit this form to the Illinois Department of Public Health at 525 W. Jefferson St., Springfield, IL 62761 or fax to (217) 785-5897 Printed by Authority of the State of Illinois

TOP:

Input Into Computer:

LOW

HIGH:

Must be Inspected

P.O. #533539 SM 3/03

Date Received CCDEC:

Inspection Fee Received:



COOK COUNTY DEPARTMENT OF ENVIRONMENTAL CONTROL 69 W. WASHINGTON – SUITE 1900 – CHICAGO, IL 60602-3004 RESIDENTIAL DEMOLITION APPLICATION

DATE:	ATE: PERMIT FEE:			PERMIT #:		
Contractor Name:			Telephone:			
Contractor Address:	City:	Zip:				
Address of Building to be Demo	lished:		City:	Zip:		
Type of Building to be Demolish	ned:					
Building Size:	Length:	Width:		Height:		
Method of Demolition:				I		
Is Asbestos Present:	Yes N	lo				
Comments:						
Post Marked Date:						
Date of Demolition to Begin:Date of O			ompletion:			
MUST PRINT AND SIGN NAME						
Name:			Title:			
Signature:						

This Permit will be subject to the following conditions:

- (1) If the structure is located in an incorporated village, town or city in Cook County, all local requirements/permits applicable to demolition renovation of structure must be satisfied.
- (2) If the structure is located in unincorporated Cook County, a permit from the Cook County Department of Building and Zoning (Suite 2830, 69 W. Washington, Chicago, IL 60602, (312) 603-0500, must be obtained.
- (3) The Provisions of The Cook County Environmental Control Ordinance apply.
- (4) The SPECIAL CONDITIONS on the next page of this form must be followed.
- (5) No facsimiles of the original will be accepted and all applications must be mailed or hand carried to this Department. The permit is valid for no more than (30) thirty days. Any changes in the starting and/or completion dates of the demolition removal schedule, must be submitted to the Department 48 hours prior to the actual demolition.
- (6) If the demolition completion date expires without notification to the Department and the actual work has not been completed, a new permit must be obtained.
- (7) In emergency situations, this Department must be notified immediately of the circumstances and a follow up letter sent explaining the details.

If any of the above conditions are not followed, the Demolition Permit will be <u>VOIDED</u> and enforcement measures initiated. If you have any questions concerning any of the above provisions, please contact Rudolph Trejo at (312) 603-8200.

SPECIAL CONDITIONS

DEMOLITION – DISMANTLEMENT – ALTERATIONS – RAZING

<u>Toppling of Walls</u>: When demolition by toppling occurs such reasonable measures for dust emission control as it is compatible with the type and structure shall be utilized. Before the demolition or toppling of any section or wall of structure, adequate wetting to suppress the dust shall be employed.

<u>Wetting Procedures</u>: Before the demolition of any section of wall, floor, roof, or other structure, adequate wetting procedures to lay the dust shall be utilized. All debris shall be thoroughly wetted before loading and while dumping into trucks, other vehicles or containers. In all cases at all stages of demolition, wetting procedures shall be adequate to lay the dust.

<u>Transport of Debris</u>: Trucks shall be adequately covered or enclosed to prevent dust dispersion while in transit to point of disposal.

<u>Structural Supports - Steel and Wood Beams – Thrusts</u>: No Structural members shall be dropped or thrown from any floor bust shall be carefully lowered to ground level by hoists.

<u>Handling Procedures – Debris</u>: Debris shall not be dropped or thrown from any floor to any floor below. In buildings six stories or greater in height, debris shall be transported from the upper floors via enclosed dust-tight chutes or via buckets. Where chutes are used, a water wetting agent spray shall be employed to saturate the debris before it reaches the point of discharge from the chute.

<u>Demolition Precautions</u>: Water spray fogging nozzles shall be employed within chute to effect entrainment or particulate matter when feasible. Where buckets are used, the debris shall be adequately wetted to preclude dustdispersion when buckets are dumped. In the event particulate matter becomes airborne for a continuous period of ten minutes, despite the application of the above procedures or due to freezing temperatures, preclude the use of water for laying the demolition dust, the work of demolition shall cease at once until other adequate measures can be taken.

<u>Asbestos</u>: Where there is asbestos containing material present, the demolition and renovation activity shall be conducted in compliance with Article X of the Cook County Environmental Ordinance, 40 CFR Part 61, Subpart M and any other applicable laws.

<u>Demolition Excess Debris</u>: No excess materials and debris shall be permitted to remain on the premises above grade susceptible to becoming airborne.

<u>Utility Notification</u>: Before a building or structure can be wrecked, the owner, wrecking company or person shall notify all utilities having service connections within the building such as water, electric, gas, sewer and other connections to prevent environmental pollution from waste water, toxic materials susceptible to electrical ignition, etc.

<u>Demolition - Segregation of Materials</u>: Demolition materials shall be segregated according to combustible and noncombustible. The sorting and disposal of debris in on-site special purpose containers making certain the proper precautions are undertaken for the various toxic chemicals, acids, fuel oils, cleaning fluids, paints, and other pollutants, are utilized and disposed of as prescribed by law.

COOK COUNTY DEPARTMENT OF ENVIRONMENTAL CONTROL REVISION APPLICATION FORM

IMMEDIATELY FAX TO: (312) 603-9828 (312) 603-8200 PHONE MAIL ORIGINAL TO: 69 W. WASHINGTON, SUITE 1900 CHICAGO, IL 60602

For Office Use Only				
Name:				
Date:				
Check #:				
Amount:				

PERMIT NUMBER (NOT OPTIONAL) SUP O&M REQUEST WILL BE DISCARDED IF THERE IS NO PERMIT NUMBER!!!

REVISION NUMBER _____ (NOT OPTIONAL)

ACM MODIFICATIONS INIT

INITIAL _____ +/- NEW _____ = 1

= TOTAL	ı

CONTRACTOR BEING CHANGED?	SITE BEING CORRECTED?			
Section must be completed regardless	*Section must be completed regardless*			
YES NO	YES NO			
NAME:	NAME:			
ADDRESS:	ADDRESS:			
CITY/STATE/ZIP:	CITY/STATE/ZIP:			
CONTACT:	RESIDENTIAL COMMERCIAL			
TEN DIGIT PHONE #:	TEN DIGIT PHONE #:			

DATE OR TIME MODIFICATIONS/PERMIT EXT. (MAXIMUM 6 PER PERMIT)

ORIGINAL START	ORIGINAL END	REVISED START	REVISED END
1.			
2.			
3.			
4.			
5.			
6.			

HOLD	CANCEL	REFUND	COMMENTS
REASON:			

SIGNATURE

DATE

TITLE

REVISION CONDITIONS

 REFUND REQUESTS MUST BE SUBMITTED PRIOR TO START DATE OF PROJECT
 ALL SPECIAL USE PERMITS AND OPERATION MAINTENANCE PROJECTS (WITHOUT EXCEPTION) MUST BE COMPLETED BY DECEMBER 31ST OF THE CALENDAR YEAR ISSUED

ALL REVISIONS MUST BE RECEIVED 48 BUSINESS HOURS PRIOR TO DATE(S) BEING CHANGED OTHERWISE -- REQUEST WILL BE DENIED!!!!