



## COMMUNITY DEVELOPMENT DEPARTMENT

Operating Under Council – Manager Government Since 1957

### Demolition Permit Application \*Additional permits are required for the Terrace Opening and the Water Service Retirement

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY-IF YOU DON'T KNOW ASK!

|                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| PROJECT LOCATION OWNER:                                                                                                                                                                                                                                                    | Full Name(s):<br>Address:                                                            | Phone:<br>City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email:<br>City, State, Zip:     |
| APPLICANT:                                                                                                                                                                                                                                                                 | <b>*Must be authorized by owner to make application</b><br>Full Name(s):<br>Address: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |
| DEMOLITION CONTRACTOR:                                                                                                                                                                                                                                                     | Name/Business:<br>Address:                                                           | Phone:<br>City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email:<br>Local Registration #: |
| EXCAVATION CONTRACTOR:                                                                                                                                                                                                                                                     | Name/Business:<br>Address:                                                           | Phone:<br>City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email:                          |
| PLUMBING CONTRACTOR:                                                                                                                                                                                                                                                       | Name/Business:<br>Address:                                                           | Phone:<br>City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email:<br>IL. License#:         |
| ASBESTOS CONTRACTOR:                                                                                                                                                                                                                                                       | Name/Business:<br>Address:                                                           | Phone:<br>City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email:                          |
| <b>DEMOLITION TYPE:</b> <input checked="" type="checkbox"/> Check One<br><input type="checkbox"/> Frame or Masonry building under 400 sq ft<br><input type="checkbox"/> Single or Two family residence<br><input type="checkbox"/> Non-residential building over 400 sq ft |                                                                                      | <b>BUILDING INFORMATION:</b><br>Number of stories: _____<br>Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Hazardous Material on site: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Septic tank on site: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Underground storage tank on site: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Total square foot of building: _____<br>Number of dwelling units: _____<br>Water well on site: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Cistern on site: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |
| PROJECT COST: \$ _____                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |

#### THE FOLLOWING INFORMATION IS INCLUDED WITH THIS APPLICATION:

|                          |                                                                                                                                                                                                                                      |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Written confirmation from Ameren IP stating the gas and electric services have been properly retired.                                                                                                                                |
| <input type="checkbox"/> | Copy of the street or terrace opening permit obtained by the excavating contractor from the Public Works Department. Contact the Public Works Department at 309-345-3623 for any permitting questions.                               |
| <input type="checkbox"/> | Copy of the permit to retire the water service that has been issued to an Illinois Licensed Plumbing Contractor from the Public Works Department. (water service questions can be directed to the city Water Division 309-345-3649). |
| <input type="checkbox"/> | Copy of the State of Illinois Demolition/Renovation/Asbestos Project Notification form that was submitted to the IL Environmental Protection Agency.                                                                                 |
| <input type="checkbox"/> | Copy of the Building Sewer Disconnection Permit from the Galesburg Sanitary District 309-342-0131.                                                                                                                                   |
| <input type="checkbox"/> | Demolition contractors must be licensed through the City Clerks office.                                                                                                                                                              |
| <input type="checkbox"/> | Building owner doing their own demolition (themselves or with their employees) do not need to register as a contractor, but must show proof their insurance includes demolition coverage.                                            |
| <input type="checkbox"/> | City ordinance on Demolition is attached for review.                                                                                                                                                                                 |

#### Demolition Permit Fees.

- Wrecking frame or masonry building not exceeding:
  - a. Four hundred (400) square feet of floor space, \$15.00.
- Single-family and two family residences, \$40.00.
- Non-residential building over 400 square feet, \$75.00 for the first 2,000 square feet and \$1.00 per each additional 1,000 square feet or fraction thereof.

A PERMIT BECOMES NULL AND VOID IF THE DEMOLITION IS NOT COMPLETE WITHIN 30 DAYS FROM THE DATE THE PERMIT IS ISSUED. IF YOU NEED MORE TIME, PLEASE CALL THE INSPECTOR. **ALL PERMITS REQUIRE INSPECTIONS TO BE SCHEDULED BY PERMIT HOLDER.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_



## COMMUNITY DEVELOPMENT DEPARTMENT

Operating Under Council – Manager Government Since 1957

### **BUILDING DEMOLITION**

#### **150.035 SCOPE.**

The provisions of this subchapter apply to the wrecking or demolition of any building.

#### **150.036 PERMIT.**

(A) *Required.* It shall be unlawful to wreck or demolish any building or structure in the city without first securing a permit therefor.

(B) *Application.* An application for a permit to wreck or demolish any building or structure in the city shall be made in writing to the Building Inspector and to any utility company serving the premises. The application shall give the location of the building or structure, the date when wrecking or demolition is to commence and the approximate time when the wrecking or demolition shall be completed.

(C) *Fees.* The following fees shall be paid for a permit for the wrecking or demolition:

- (1) Wrecking frame or masonry buildings not exceeding 400 square feet of floor space, \$15;
- (2) Single-family and two-family residences, \$40; and
- (3) Nonresidential buildings over 400 square feet, \$75 for first 2,000 square feet and \$1 per each additional 1,000 square feet or fraction thereof.

(D) *Insurance.* Proof of public liability insurance in the amount of \$1,000,000, combined liability, and proof of \$100,000 single/\$300,000 aggregate automobile liability coverage shall accompany any application for a permit. In addition, if the demolition work is to be done for the city, the city shall be named as an additional insured on the insurance policies, and the insurance policies shall be in effect for a period of not less than six months beyond the date of the contract bid. In addition, the demolition contractor shall provide a \$5,000 surety bond to the city prior to the issuance of a demolition permit.

(E) *Insurance exception.* Insurance shall not be required for those applications covering structures eligible for a permit without charge as mentioned in division (C) above.

(F) *Inspection of premises.* Before any permit shall be issued, the Building Inspector shall inspect the premises where the wrecking and demolition work is to take place, and ascertain that provision for proper care has been made so as not to endanger any public sewer or public water connections.

(G) *Approval and issuance.* If the Building Inspector finds that the terms of this subchapter have been complied with by the applicant, he or she shall issue a permit for the wrecking or demolition; provided that the permit shall require that the demolition be completed in accordance with the terms of this subchapter within 30 days from the date the permit is issued.

(H) *Permit issuance.* A demolition permit shall not be issued to a person, partnership or corporation unless it is registered as a demolition contractor with the city. The demolition contractor registration shall not be required for an owner of a building to be demolished, if the owner or employees of the owner(s) perform the work. The registration fee shall be \$100 annually. No permit shall be issued to a demolition contractor until he or she has registered pursuant to this section.

#### **150.037 SUPERVISION.**

The Building Inspector shall supervise and inspect the premises as necessary during the wrecking or demolition.

#### **150.038 WORKMANLIKE PERFORMANCE.**

All work shall be performed in a workmanlike manner so as to provide the maximum degree of safety and the least disturbance for all citizens.

#### **150.039 WARNING SIGNS.**

Signs stating that wrecking and demolition work is in progress shall be erected on each side of the building that faces on a public street or alley.

#### **150.040 PROTECTION OF PUBLIC UTILITIES.**

Adequate protection shall be provided to prevent damage to any city or public utilities under this subchapter.

#### **150.041 PROTECTION OF CHILDREN.**

It shall be the duty of all persons responsible for wrecking or demolition under this subchapter to keep children away from the premises.

#### **150.042 COVERED WALKS.**

Wherever wrecking or demolition is likely to prevent safe use of public walkways, covered walks shall be provided.

#### **150.043 DUST.**

Provisions shall be made by the persons performing wrecking or demolition to prevent a dust nuisance.

#### **150.044 LEAVING PREMISES IN PROPER CONDITION.**

Wrecking or demolition under this subchapter shall not be considered completed until the premises are in a proper and safe condition and debris is cleared away and any excavation remaining is either filled and tamped down or surrounded by a chain link or masonry fence at least six feet in height, if the property is not to be put in use within two months. If the property is to be used for any purpose within two months of the wrecking or demolition, then adequate barricades, lighted at night, shall be installed around the perimeter of the excavation.

#### **150.045 GENERAL DEMOLITION REQUIREMENTS.**

Any person, partnership or corporation eligible to perform the wrecking or demolition of any building within the corporate limits shall comply with the following general demolition requirements.

(A) *Building demolition.*

- (1) The demolition of the building shall be at least one foot below the finished ground level.
- (2) All of the materials resulting from the demolition shall be removed by the responsible party in a safe and proper manner and disposed of immediately in accordance with all federal, state and local laws.
- (3) Any foundation walls that remain intact below the one-foot level that are not torn up by the demolition can remain in place; but any foundation walls that are unstable shall be removed as part of the demolition.



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- (4) Any basement floor shall either be removed in its entirety or broken up into sections not greater than one square yard to allow for proper groundwater drainage.
  - (5) Any parking lot, driveway or driveway entrance that will not be utilized for any uses that will remain on the site of the demolition shall be removed.
  - (6) Before the demolition of any section of wall, floor, roof or other structures, 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. At all stages of the demolition wetting procedures shall be adequate to lay the dust.
  - (7) No demolition work shall occur between the hours of 10:00 p.m. and 6:00 a.m.
- (B) *Fill materials.*
- (1) No concrete, bricks or other debris can be buried in the demolition cavity or on the lot. All concrete, bricks or other debris shall be removed from the demolition site.
  - (2) Good suitable fill materials such as dirt, clay, sand or gravel shall be deposited in the demolition cavity to approximately one foot below the finished ground level.
  - (3) No wood, other organic material or other material capable of rotting shall be left in the demolition cavity or used for fill material.
  - (4) The top layer of remaining soil to fill the remaining approximate one foot of the demolition cavity shall be good quality soil (not clay or sand material) suitable to make a level and smooth site which can be mowed and is capable of growing grass.
  - (5) Any material brought onto the demolition site and used for fill shall contain no hazardous or contaminated materials.
- (C) *Final site work.*
- (1) The site where the demolition occurs shall be left in a clean, neat and safe condition insofar as the demolition work is involved.
  - (2) Once the demolition materials have been removed and the demolition cavity filled with proper materials, the site shall be final graded to eliminate all large chunks of dirt and to provide for proper drainage of the site. Once final grading is completed, the ground shall have no tire ruts or low spots which would be capable of ponding water.
  - (3) All areas on the site that were disturbed by the demolition and clearance work shall be seeded and fertilized to assist in erosion control. The seed mixture shall be applied at a rate of 100 pounds of grass seed per acre of land. The fertilizer nutrients shall be applied at a rate of 270 pounds of actual nutrients per acre and be ready mixed material having a ratio of 1-1-1.
- (D) *Utility disconnections/terminations.*
- (1) The contractor shall seal any sanitary sewer lines serving the demolished building in accordance with the City Sanitary District requirements.
  - (2) Any gas line serving the demolished building shall be terminated at the gas main or other location as approved by the local gas utility company in accordance with the local gas utility company requirements. The termination shall be completed prior to beginning demolition work.
  - (3) All electrical services serving the demolished building shall be disconnected at the utility pole or transformer or other location approved by the local electric utility company and in accordance with the local electric utility company requirements.
  - (4) Any water service serving the demolished building shall be terminated by disconnecting at the city's water main or other approved location in accordance with the City Water Division requirements.
  - (5) Any storm sewer line shall be sealed at the property line or other approved location in accordance with the City Public Works Department or City Sanitary District requirements, whichever agency has control over the public storm sewer serving the demolition site.
- (E) *Discontinued/abandoned wells, septic tank and cisterns.*
- (1) Any abandoned well on the demolition site or well serving the building to be demolished shall be properly sealed by a licensed water well driller in accordance with all applicable federal, state and local regulations. A copy of the required well sealing form shall be submitted to the city.
  - (2) Any abandoned septic tank on the demolition site or septic tank serving the building to be demolished shall be taken out of service. The contents of the septic tank shall be removed by a licensed septic pumper/hauler and disposed of in accordance with all federal, state and local regulations. The top of the tank shall be removed and properly filled in accordance with the applicable federal, state and local regulations or the tank shall be removed and the excavator filled with clean fill material as allowed in this section.
  - (3) Any abandoned cistern on the demolition site or cistern serving the building to be demolished shall be taken out of service. The liquid contents of the cistern shall be removed by a licensed septic pumper/hauler and disposed of in accordance with all federal, state and local regulations. The top of the cistern shall be removed and properly filled with clean fill material as allowed in this section.
- (F) *Asbestos removal.* The demolition shall be performed in accordance with the federal and state regulations regarding asbestos removal.

### **150.046 SPECIAL DEMOLITION REQUIREMENTS.**

Any person, partnership or corporation eligible to perform the wrecking or demolition of a commercial, industrial, institutional or multi-family residential building within the corporate limits shall comply with the following special demolition requirements.

(A) *Demolition plan.* Prior to issuance of a demolition permit by the city a demolition plan shall be submitted to the city. This demolition plan shall include the following items:

- (1) Site plan or aerial photograph showing the location of all buildings or other structures on the site, structures to be demolished, locations of any wells, cisterns and/or septic tanks, parking lots and driveways and underground storage tanks;
- (2) Description of buildings to be demolished including size of buildings, height of building and existence of any party walls that would remain after demolition;
- (3) A detailed site restoration and maintenance plan describing all work to be performed and all actions to be taken to restore the site to a safe, clean condition;



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- (4) A copy of any recent Phase I environmental assessments that have been performed on the site;
  - (5) A listing of any hazardous materials found on the site and a description of actions to be taken to remove the hazardous materials from the site. This includes insecticides, PCBs (e.g., in transformers) and the like;
  - (6) A listing of any discontinued/abandoned wells, septic tanks and cisterns on the site and a description of actions to be taken to properly address each unit;
  - (7) Description of specific plans for the reuse/redevelopment of the property;
  - (8) Stormwater management plan detailing the plans and specifications for stormwater management, erosion control and grading of the subject property; and
  - (9) Traffic control plan that depicts the demolition site, parking lots and surrounding roads and indicates where construction vehicles and workers will be parking during demolition and what route dump trucks/refuse container trucks will utilize to access the site.
- (B) *Hazardous materials.* Prior to demolition of a building, an inspection and analysis shall be performed of the demolition site to determine the existence of any hazardous materials. The materials shall be removed from the site prior to beginning the demolition work and in accordance with all federal, state and local regulations.
- (C) *Underground storage tanks.* Prior to demolition of a building, an inspection and analysis shall be performed of the demolition site to determine the existence of any abandoned underground storage tanks or underground storage tanks that will no longer be utilized after the building is demolished. The underground storage tanks shall be removed as part of the demolition work in accordance with all federal, state and local regulations.

### **150.047 SPECIAL RESIDENTIAL DEMOLITION REQUIREMENTS.**

Any person, partnership or corporation eligible to perform the wrecking or demolition of a single-family, two-family or multi-family residential building within the corporate limits shall comply with the following special residential demolition requirements for the removal of accessory structures: at the time the main residential building(s) are removed from the site, all accessory structures (e.g., detached garages, carports, utility sheds, swimming pools, decks and the like) shall be removed.

# STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

**Environmental Protection Agency (IEPA):** Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA **(\$150)** Attach Illinois E-Pay receipt if paid electronically.

**Illinois Department of Public Health (IDPH):** Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

**Cook County (excluding the City of Chicago):** All projects in Cook County must notify Cook County Environmental Control & IEPA if applicable. This form and appropriate fee shall be submitted for all original notifications to Cook County **(\$200)**. A Cook County Revision Form must be used to cancel an asbestos permit.

**City of Chicago:** All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

**Copies of this form may be found at: [www.iencoconnect.com/enviro](http://www.iencoconnect.com/enviro)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                            |                                                 |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | Illinois E-Pay Authorization Code (IEPA Only):                             |                                                 |                                                                                                                 |
| <b>TYPE OF NOTIFICATION:</b> <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                            |                                                 |                                                                                                                 |
| Check Type of Project Below: (Check all that apply.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                            |                                                 |                                                                                                                 |
| <input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input type="checkbox"/> Commercial Public Building (Friable & Non-Friable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                            |                                                 |                                                                                                                 |
| <b>Revised by:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer #of times revised: List Section #'s being revised:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                            |                                                 |                                                                                                                 |
| <b>1. FACILITY INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                            |                                                 |                                                                                                                 |
| Facility name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | School Bldg ID:                                                            |                                                 |                                                                                                                 |
| Location of Asbestos Containing Material (ACM) in Structure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                            |                                                 |                                                                                                                 |
| Bldg Size:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sq.Ft.:                                                     | #Flrs:                                                                     | Age:                                            |                                                                                                                 |
| Present Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | Future Use (demo)                                                          |                                                 |                                                                                                                 |
| Prior Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             | Future Use (demo)                                                          |                                                 |                                                                                                                 |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | City:                                                                      | County: Zip:                                    |                                                                                                                 |
| Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | Phone:                                                                     |                                                 |                                                                                                                 |
| <b>2. FACILITY OWNER OR SCHOOL DISTRICT:</b> (Tip: Complete for all projects Commercial/Public or Schools)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                            |                                                 |                                                                                                                 |
| Facility Owner Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | Address:                                                                   |                                                 |                                                                                                                 |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State:                                                      | Zip:                                                                       | Contact: Phone:                                 |                                                                                                                 |
| Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                            |                                                 |                                                                                                                 |
| <b>3. ASBESTOS CONTRACTOR NAME:</b> ID#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                            |                                                 |                                                                                                                 |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | City:                                                                      | State: Zip:                                     |                                                                                                                 |
| Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | Phone:                                                                     |                                                 |                                                                                                                 |
| <b>4. DEMOLITION CONTRACTOR NAME:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                            |                                                 |                                                                                                                 |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | City:                                                                      | State: Zip:                                     |                                                                                                                 |
| Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | Phone:                                                                     |                                                 |                                                                                                                 |
| <b>5. ABATEMENT 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>6. Quantities:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                            |                                                 |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Regulated Asbestos Containing Material to be removed (RACM) | Non-friable asbestos not to be removed (demolition) CAT I CAT II           | Non-friable asbestos to be removed CAT I CAT II | TOTAL ASBESTOS TO BE REMOVED                                                                                    |
| Pipes (Ln. Ft.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                            |                                                 |                                                                                                                 |
| Surface Area (Sq. Ft.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                                            |                                                 |                                                                                                                 |
| Volume (Cu. Ft.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                            |                                                 |                                                                                                                 |
| Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations. |                                                             |                                                                            |                                                 |                                                                                                                 |
| <b>7. ABATEMENT START DATE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | Finish Date:                                                               | Work hours:                                     | AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> |
| <b>AND/OR DEMOLITION START DATE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | Finish Date:                                                               | Work hours:                                     | AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> |
| Working Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             | Working Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                 |                                                                                                                 |
| 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. IEPA, City of Chicago, and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.                                                                                                                                                                                                                                                                    |                                                             |                                                                            |                                                 |                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                     |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------|--------|
| <b>8. PROJECT DESIGNER ID#: 100-</b>                                                                                                                                                                                                                                                                                                                                        |                | Name:                                                                               |        |
| Complete Project Designer Name and License ID# if this project was designed by a Designer.                                                                                                                                                                                                                                                                                  |                |                                                                                     |        |
| <b>9. INSPECTOR ID#: 100-</b>                                                                                                                                                                                                                                                                                                                                               |                | Name:                                                                               |        |
| <i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>                                                                                                                                                                                                                                                                                 |                |                                                                                     |        |
| <b>10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS</b>                                                                                                                                                                                                                                                                                  |                |                                                                                     |        |
|                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                     |        |
| Name of Analytical Testing Laboratory:                                                                                                                                                                                                                                                                                                                                      |                |                                                                                     |        |
| <b>11. ASBESTOS PROJECT MANAGER ID#: 100-</b>                                                                                                                                                                                                                                                                                                                               |                | Name:                                                                               |        |
| <b>12. AIR SAMPLING PROFESSIONAL ID#: 100-</b>                                                                                                                                                                                                                                                                                                                              |                | Name:                                                                               |        |
| <b>13. DISPOSAL SITE/LANDFILL NAME:</b>                                                                                                                                                                                                                                                                                                                                     |                |                                                                                     |        |
| Address:                                                                                                                                                                                                                                                                                                                                                                    |                | Contact:                                                                            |        |
| City:                                                                                                                                                                                                                                                                                                                                                                       | State:         | Zip:                                                                                | Phone: |
| <b>14. WASTE TRANSPORTER/NAME:</b>                                                                                                                                                                                                                                                                                                                                          |                |                                                                                     |        |
| Address:                                                                                                                                                                                                                                                                                                                                                                    |                | Contact:                                                                            |        |
| City:                                                                                                                                                                                                                                                                                                                                                                       | State:         | Zip:                                                                                | Phone: |
| <b>15. IS 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>16. FOR EMERGENCY RENOVATION:</b>                                                                                                                                                                                                                                                                                                                                        |                |                                                                                     |        |
| Date and hour of emergency (mm/dd/yy):                                                                                                                                                                                                                                                                                                                                      |                | AM <input type="checkbox"/> PM <input type="checkbox"/>                             |        |
| 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>17. 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 representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.                                                                                                            |                |                                                                                     |        |
| <b>CERTIFICATE #</b> _____                                                                                                                                                                                                                                                                                                                                                  |                | <b>NAME OF TRAINING COURSE</b> _____                                                |        |
| <b>I certify the above information is correct.</b>                                                                                                                                                                                                                                                                                                                          |                |                                                                                     |        |
|                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                     |        |
| <b>Signature of Demolition/Abatement 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 Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).                                                                                                                          |                |                                                                                     |        |
| <i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA, City of Chicago, &amp; Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i> |                |                                                                                     |        |
| <b>For Cook County Departmental Use Only.</b>                                                                                                                                                                                                                                                                                                                               |                |                                                                                     |        |
| Date Received CCDEC:                                                                                                                                                                                                                                                                                                                                                        |                | Post Mark Date:                                                                     |        |
| Inspection Fee Received:                                                                                                                                                                                                                                                                                                                                                    |                | Input Into Computer:                                                                |        |
| Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>                                                                                                                                                                                                                                                                |                | Must be Inspected:                                                                  |        |
| Date(s) of Inspections:                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                     |        |
| Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                        |                | Violation Copies Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> |        |

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>Cook Co. Dept. of Env. Control</b><br/>69 W. Washington, Suite 1900<br/>Chicago, IL 60602-3004<br/><b>\$200 filing fee</b></p>                                                                                        |  <p><b>Submit this form to the appropriate agencies:</b></p>                                                                                                                                                                                                                                      |  <p><b>IL Department of Public Health</b><br/>525 W. Jefferson St.<br/>Springfield, IL 62761<br/>(FAX: 217-785-5897)</p>                                     |
|  <p><b>IL Environmental Protection Agency</b><br/>P.O. Box 19276 MC 41<br/>1021 N. Grand Ave East<br/>Springfield, IL 62794-9276<br/><b>\$150 fee</b> (Attach payment or Illinois E-Pay receipt if paid electronically.)</p> |  <p><b>Chicago Department of Public Health</b><br/>Permitting and Inspections<br/>333 S. State St., Room 200<br/>Chicago, IL 60604<br/><br/>** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.</p> | <p><b>Fees apply as follows:</b></p> <p>Residential Unit with less than 4 units . . . <b>\$300.00**</b></p> <p>Residential Units with 4 units or more . . . <b>\$450.00</b></p> <p>Commercial/Industrial facilities . . . . . <b>\$600.00</b></p> |