

CITY OF CHICAGO  
**DEPARTMENT OF BUILDINGS**  
**Second Appointment Request with Checklist**

ALL FIELDS REQUIRED UNLESS OTHERWISE NOTED

PLEASE USE BLACK INK ONLY

**NEW OR EXISTING BUILDING WITH PLANS – SECOND REQUEST**

Date (Of First Appointment): \_\_\_\_\_, 20\_\_\_\_\_ Time (Of First Appointment): \_\_\_\_\_

Property Address: \_\_\_\_\_

**Contact Information:**

Select the applicant type: Owner/Tenant \_\_\_\_\_ Architect \_\_\_\_\_ Contractor \_\_\_\_\_ Expeditor # \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Architect: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CUSTOMER HAS RECEIVED A COMPLETED CHECKLIST FROM THE PROJECT MANAGER AND MUST SUBMIT THAT CHECKLIST AT THE NEXT APPOINTMENT.

**DO NOT WRITE IN SHADED AREA**  
PM#: \_\_\_\_\_ SIGNATURE DATE: \_\_\_\_\_

