

Building Address _____

CITY OF CHICAGO - DEPARTMENT OF BUILDINGS

Report on "Ongoing Inspection and Repair Program" for Exterior Walls and Enclosures

[Annual Report Form – Ref: 34(13-196-035)]

1. Name and Address of Building _____

Contact Person on Site _____ Phone _____

Email address: _____

2. Principal Occupancy of Building: _____

3. Name and Address Owner / Agent: _____

Contact Person _____ Phone () _____

Email address: _____

4. Description of Building and Exterior Walls: (Check all that apply.)

- | | |
|----------------------------|---|
| a. No. of Stories _____ | f. Composition of Exterior |
| b. Height: _____ | <input type="checkbox"/> Brick <input type="checkbox"/> Terra-Cotta |
| c. Plan Dimen.: _____ | <input type="checkbox"/> Stone <input type="checkbox"/> Concrete |
| d. Year Constructed: _____ | <input type="checkbox"/> Conc. Blk. <input type="checkbox"/> Stucco |
| e. Category: _____ | <input type="checkbox"/> Glass <input type="checkbox"/> Windows |
| | <input type="checkbox"/> Metal <input type="checkbox"/> Soffit |
| | <input type="checkbox"/> Cornice <input type="checkbox"/> _____ |

5. The following was performed in the past year by the Owner/Agent and Professional:

- | | |
|---|---|
| <input type="checkbox"/> Inspection from Afar | <input type="checkbox"/> Close-Up inspection |
| <input type="checkbox"/> Repair Design | <input type="checkbox"/> Prepared Repair Document |
| <input type="checkbox"/> Observed Repair Work | <input type="checkbox"/> Report Preparation |

Space Below For Building Department Use Only

6. Have you reviewed previous ordinance Reports or other reports on file for this Building? YES Dates of prior Reports _____, _____, _____

None Available

7. Please check one of the following summarizing the condition of the façade. Use the back of this sheet (or attach separate report) to briefly describe the nature and extent of inspections, repairs, maintenance or corrective actions taken during the reporting period, and recommended to be performed within the next reporting cycle.

[Refer to Rules and Regulations for Exterior Wall Maintenance for definitions and additional reporting requirements.]

SAFE CONDITION

SAFE WITH REPAIR AND MAINTENANCE PROGRAM Describe repair and maintenance required and time frame to prevent deterioration into and unsafe condition.

UNSAFE AND IMMINENTLY HAZARDOUS The Department of Buildings must be notified by phone at (312)-743-7200 and by mail at Department of Buildings 2045 W. Washington, Chicago IL 60612.

Name of Building Department Employee Contacted: _____

Date Contacted: _____

Protective Canopies Recommended: YES NO

8. Licensed Professional:

Seal of Professional

Name: _____

Firm: _____

Address: _____

Phone: _____

Email: _____

Date: _____ Seal Lic. Exp. _____

Signature of Professional: _____