



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

FORM NO. CDPH.ROW.03 (STREETERVILLE Right-of-Way)

Notice is hereby given that the site you have requested a permit for is recorded with the City of Chicago Department of Public Health (CDPH) as potentially having environmental contamination on the site and adjacent right-of way. This environmental contamination could present a threat to human health and safety in connection with work performed at the site, or in the adjacent right-of-way, if proper safeguards are not employed.

A file containing detailed information regarding the aforementioned environmental contamination is available for review at CDPH at 333 S. State St., Room 200, Chicago, Illinois 60604 during normal business hours (8:30AM-4:30PM, Monday through Friday). Contact (312) 745-3152 for an appointment. This file must be reviewed and the remainder of this form completed before the permit can be issued if the ground is exposed or excavated. **Please note that for some locations, additional health and safety procedures may be required by law.**

Please complete the following:

I have reviewed and understand the documents, maintained by CDPH, regarding environmental contamination of the site and adjacent right-of-way. Further, I will ensure that all work at the subject site and adjacent right-of-way, and any monitoring required including but not limited to radiation monitoring, will be performed in a manner that is protective of human health and the environment and in compliance with all applicable local, state, and federal laws, rules, and regulations, especially those pertaining to worker safety and waste management. I will ensure that the results of any radiation monitoring and/or surveying conducted shall be provided to the CDPH and the United States Environmental Protection Agency **within two (2) weeks of their completion**. If any elevated levels of radioactive material are detected, I will immediately contact the United States Environmental Protection Agency at (800) 424-8802.

Applicant Name (print): _____ Signature: _____

Site Address and Work Location (Describe exact site location and **attach map**): _____

Nature of Work: _____

Company Name, Address, Phone No.: _____

General / Prime Contractor Name, Address, Phone No.: _____

Include subcontractor information if applicable

Safety Officer / Phone No. _____

Radiation Contractor / Phone No. (if applicable) _____

Check if City Department Work Department Name: _____

CDOT Permit No.: _____

Today's Date: _____ Expected Start Date: _____ CDPH Approval / Date _____

Please return this completed form to the Chicago Department of Transportation, Division of Infrastructure Management, Public Way Permit Office, City Hall – Room 905, 121 N. LaSalle St., Chicago, Illinois 60602 during normal business hours (8:30 AM - 4:30 PM, Monday through Friday)

For CDPH Use Only