



DEPARTMENT OF PUBLIC HEALTH
 POLLUTION PREVENTION UNIT
 333 SOUTH STATE STREET, ROOM 200
 CHICAGO, ILLINOIS 60604

Bldg Permit # _____

CITY OF CHICAGO

DATE

DEMOLITION NOTICE OF INTENT **FORM DM**

BUILDING INFORMATION

BUILDING ADDRESS:

BUILDING TYPE: LOW DENSITY RESIDENTIAL (4 Units or less) **BUILDING SIZE:** (Length) _____
 HIGH DENSITY RESIDENTIAL (More than 4 units) (Width) _____
 COMMERCIAL/ INDUSTRIAL (Height) _____
No. of Floors: _____ **Total Square Footage of Bldg:** _____

DEMOLITION DATE: _____ **TO** _____ **WORK HOURS:** _____ a.m. **TO** _____ p.m.
 Any change of commencement date must be reported to D.O.E. at (312) 744-5272 by fax.

OWNER INFORMATION

NAME: _____ **SIGNATURE:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

CONTRACTOR INFORMATION

NAME: _____ **SIGNATURE:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

ASBESTOS INFORMATION

No building containing asbestos shall be demolished in the City of Chicago without first abating the asbestos. NESHAP notifications must also be provided to City of Chicago Department of Public Health for residential buildings 2 units and above.

DOES BUILDING CONTAIN ANY ASBESTOS? YES NO

PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS:

ILLINOIS LICENSE NUMBER OF INSPECTOR:

ASBESTOS CONTENT (Check appropriate box(es))
 BOILER PIPES INSULATION FIREPROOFING OTHER (Describe) _____

AMOUNT OF ASBESTOS: _____ Linear feet or _____ ft² or _____ ft³

ASBESTOS REMOVAL CONTRACTOR:

CONTRACTOR ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

ASBESTOS INFORMATION CONTINUED

DESCRIPTION OF MEASURES TO BE TAKEN IN THE EVENT ANY ASBESTOS IS UNEXPECTEDLY ENCOUNTERED:

NESHAP notification submittal date _____ (Attach a copy of NESHAP notification)

DISPOSAL FACILITY:

FACILITY ADDRESS:

REFRIGERANT INFORMATION

TYPE OF REFRIGERANT: **HFCs** (Hydrogenated Fluorocarbon) **HCFCs** (Hydrogenated Chlorofluorocarbon)
 CFCs (Chlorofluorocarbon) **OTHER:** _____

WHERE IS THE REFRIGERANT GOING TO BE RECYCLED OR DISPOSED OF?

HOW MUCH REFRIGERANT WAS RECOVERED ON SITE: _____ LBS BY: _____

UNDERGROUND AND ABOVE GROUND STORAGE TANK INFORMATION

ARE THERE ANY UNDERGROUND STORAGE TANKS (UST) OR ABOVEGROUND STORAGE TANKS (AST) ON THE PROPERTY?
 YES NO

IF ASTs / USTs ARE PRESENT: HOW MANY? _____ CAPACITY? _____ WHAT WAS STORED IN TANK? _____

ARE THE USTs REGISTERED WITH THE STATE FIRE MARSHALL? YES NO FACILITY ID # _____
All UST and AST installation, removal, upgrade and abandonment-in-place activities conducted within the City of Chicago must be performed by an OSFM registered contractor and require a permit from the Department of Public Health.

GENERAL INFORMATION

DUST CONTROL METHOD: WETTING CHUTES BUCKETS OTHER(Describe) _____

METHOD OF DEMOLITION TO BE EMPLOYED:

WASTE GENERATED TO BE: DISPOSED REPROCESSED OR REUSED

DISPOSAL OR REPROCESSING FACILITY:

ADDRESS:

By signing this form, the undersigned attests that all the information contained herein is accurate and agrees to comply with all of the asbestos performance standards and disposal requirements set forth in City of Chicago Municipal Codes §11-4-2170 (d) & (e)

Signed: _____ Date _____

Print Name: _____ Title: _____

For official use only

DEMOLITION CANNOT BEGIN UNTIL: _____

SIGNATURE _____ TITLE _____