

**CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH
FORM NO. DOE.ROW.07**

Notice is hereby given that the site you have requested information on is recorded with the City of Chicago Department of Public Health 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 the Department of Public Health at 333 S. State St., Room 200, Chicago, Illinois 60604 during normal business hours (8:30 AM - 4:30 PM, Monday through Friday). Contact at (312) 744 - 3152 for an appointment. This file must be reviewed and the remainder of this form completed before the permit can be issued. **Please note that for some locations, additional health and safety procedures may be required by law.**

Please complete the following:

Permit No.

Date

Site Address

Work Location (describe exact site location):

Nature of Work

I have reviewed and understand the documents, maintained by the Department of Public Health, 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 petroleum contamination, 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 monitoring and/or surveying conducted shall be provided to the Department of Public Health within two (2) weeks of their completion.

Signature _____

Name (print) _____

Company _____

Address _____

Phone No. _____

Prime Contractor/Contact _____

Address _____

Phone _____

Safety Officer/Phone _____

Signed by Department of Public Health _____

Date _____

Please return this completed form to the City of Chicago Department of Transportation at 30 N. LaSalle St., Room 1101, Chicago, Illinois 60602 during normal business hours (8:30 AM - 4:30 PM, Monday through Friday).