



DESIGN AND CONSTRUCTION TOOL KIT

DESIGN AND CONSTRUCTION

Hello there!

Welcome to the Design and Construction Document submission toolkit. This detailed guide will help you ensure that your Design and Construction documents are complete and error-free.

Please refer to this guide for any questions or issues about what details are needed, what documents you need submit, and what information needs to be included.

If you still have questions, our team is here to support you, don't hesitate to contact the DPD Inbox via Submittable - City of Chicago - Dept. of Planning and Development.

DESIGN AND CONSTRUCTION

To ensure that your Design and Construction documents are error-free and complete, please follow this detailed guide. It's crucial to double-check that all your documents are precise and up-to-date.

Include:

- ★ Date
- ★ Signature(s)
- ★ Project site address
- ★ Important/Specific information requested

Careful attention to these details will ensure that your documents are cleared. **Inaccurate or incomplete documents will be returned, and our team will request revisions, which will delay your grant contract.**

SUBMITTABLE SECTIONS

The design and construction section is comprised of two Submittable sections, each with their own unique required documents:

DESIGN DOCUMENTS

- Executed and signed contract with designer or architect
- Project's proposed storefront elevation (optional, based on architect's determination)
- Project's preliminary drawing(s) and/or additional project rendering(s) with architect's seal and signature

CONSTRUCTION DOCUMENTS

- Two comparable bids (estimates) from different licensed general contractors (GCs)
- Copy of selected GC's active general liability insurance
- Copy of selected GC's active license with the City of Chicago, Department of Buildings
- Building permit application number

A blue-tinted photograph of a city skyline, likely New York City, featuring several tall skyscrapers and a street with cars in the foreground. The image is used as a background for the text.

DESIGN DOCUMENTS

EXECUTED CONTRACT

★ The Architect/Designer Contract:

- 1 Has name of design firm and the client identified matches the grantee entity
- 2 Address and proposed use of the project matches the application
- 3 Must contain an itemized scope of work, with itemized costs
- 4 Must be signed/executed by both parties

EXECUTED CONTRACT EXAMPLE

Joe Doe

Firm Signature

Joe's Diner LLC

Design Firm Name

1/1/2023

1/2/2023

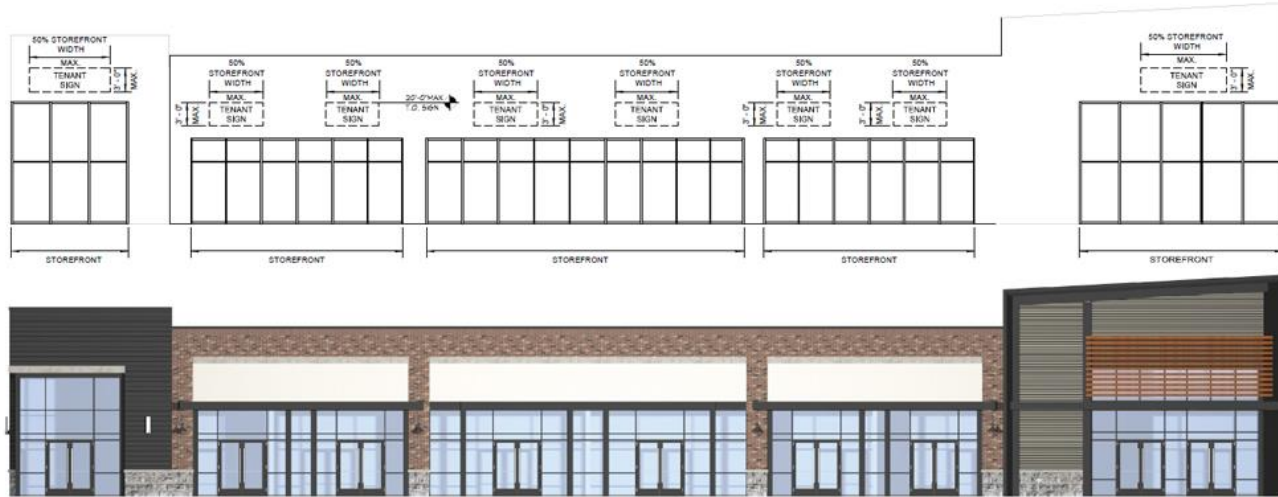
Tip: Ensure that both you and the design firm sign and date the contract.

DOLLAR AMOUNT AND ITEMIZED SCOPE OF WORK EXAMPLE

| Phase | Cost |
|------------------------|-------------|
| Schematic Design | \$2,000.00 |
| Design Development | \$4,000.00 |
| City of Chicago Permit | \$2,500.00 |
| MEP Design | \$5,000.00 |
| Total | \$13,500.00 |

Tip: Before submitting your design documents, please ensure that the scope of work is itemized and that the dollar amount is included, similar to the example above. The line items should pertain to your project, so please work with your architect to provide an accurate representation of your costs. This is important because it will help us calculate your eligible expenses. Failure to do so may cause delays in receiving a contract.

PROJECT'S PROPOSED STOREFRONT ELEVATION EXAMPLE



Tip: Confirm with your design professional if your drawings have/require this detail. If you are altering the exterior of your building (storefront, windows, masonry, facade improvements), or working on multiple levels, your architect will likely include your storefront elevation on your permit drawings/renderings.

A blue-tinted background image of a city skyline with various skyscrapers and buildings.

CONSTRUCTION DOCUMENTS

CONSTRUCTION DOCUMENTS

★ Regarding General Contractor Bids:

1

Must have a minimum of **TWO** itemized bids with dollar values associated with each line item from separate, licensed general contractors. Please ensure that all line items have a comparable estimate on the secondary bid to ensure eligibility

2

The project scope of the bids must match the description of what was stated in your application

4

The bids must be dated within the last 6 months

5

The listed project address on the bids must match the project construction site

COMPARABLE BIDS EXAMPLE

FRANK'S GENERAL CONTRACTING

36TH ST, CHICAGO IL

P: 555-555

Client: Joe's Diner

Project Site Address

P: 555-556-666

| | | |
|-------------|---|-------------|
| Roofing | ✓ | 1000.00 |
| Siding | ✓ | 3000.00 |
| Plumbing | ✓ | 4000.00 |
| Carpentry | ✓ | 6000.00 |
| Electric | ✓ | 5000.00 |
| HVAC | ✓ | 9000.00 |
| Insulation | ✗ | 8000.00 |
| Flooring | ✗ | 5000.00 |
| New Fencing | ✗ | 1000.00 |
| Millwork | ✗ | 6000.00 |
| Contingency | ✗ | 6000.00 |
| GC Fee | ✗ | 10,000.00 |
| Total | ✗ | \$64,000.00 |

Susan's General Contracting

400 S Belmont, Chicago IL

P: 555-555-6666

Client: Joe's Diner

Project Site Address |

P: 555-556-666

| | |
|-----------|-----------|
| Roofing | 1050.00 |
| Siding | 7000.00 |
| Plumbing | 9000.00 |
| Carpentry | 4000.00 |
| Electric | 8000.00 |
| HVAC | 7000.00 |
| Total: | 36,050.00 |

Why does the City require TWO GC bids?

To make sure that you receive a fair market price for your project expenses. For an expense to be considered eligible for reimbursement, it is important to have a comparable estimate. Otherwise, the expense will be deemed ineligible for this grant. As shown in the bid from "Frank's General Contracting," insulation, flooring, fencing and millwork were all marked ineligible for reimbursement because they did not have a comparable line item on the bid from "Susan's General Contracting."

GC'S GENERAL LIABILITY INSURANCE

Please upload the Certificate of Insurance (COI) provided to you by the tradesman/General Contractor you are working with.

The policyholder's name must match the name of the General Contractor. The listed project address must match the project site.

Tip: Please ensure the policy is active. If the policy expires prior to contract, you will need to upload an active policy before a contract can be issued.

If you are paying additional tradesmen directly outside of the general contractor, please supply a Certificate of Insurance meeting the same requirements; you do NOT need to provide a COI for subcontractors hired by your GC

For information, please visit:

- General Liability Insurance

| ACORD CERTIFICATE OF LIABILITY INSURANCE | | | | DATE (MM/DD/YYYY) |
|---|---------------|--|------------------------|-------------------------------|
| PRODUCER | FAX | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | |
| INSURED | | INSURERS AFFORDING COVERAGE | NAIC # | |
| General Contractor Name | | INSURER A | | |
| | | INSURER B | | |
| | | INSURER C | | |
| | | INSURER D | | |
| COVERAGES | | | | |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THE COVERAGE HEREIN, IT IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES. ADDITIONAL LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAULT CLAIMS. | | | | |
| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS |
| GENERAL LIABILITY | | | | |
| COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE \$ |
| CLAIMS MADE <input type="checkbox"/> OCCUP <input type="checkbox"/> | | | | ACCIDENT & PROPERTY DAMAGE \$ |
| PERSONAL & ADVERTISING \$ | | | | PERSONAL & ADVERTISING \$ |
| GENERAL AGGREGATE \$ | | | | GENERAL AGGREGATE \$ |
| PRODUCTS - COMPOUND AGG \$ | | | | PRODUCTS - COMPOUND AGG \$ |
| GEN. AGGREGATE LIMIT APPLICABLE PER: <input type="checkbox"/> YEARLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAY | | | | |
| AUTOMOBILE LIABILITY | | | | |
| ANY AUTO | | | | COMBINED SINGLE LIMIT \$ |
| ALL OWNED AUTOS | | | | EXCLUDED \$ |
| SCHEDULED AUTOS | | | | SEVERELY INJURY \$ |
| UNINSURED AUTOS | | | | SEVERELY INJURY \$ |
| NON-OWNED AUTOS | | | | PROPERTY DAMAGE \$ |
| OTHER | | | | PROPERTY DAMAGE \$ |
| DAMAGE LIABILITY | | | | AUTO ONLY - EX-ACCIDENT \$ |
| ANY AUTO | | | | OTHER THAN EX-ACCIDENT \$ |
| EXCESS/UMBRELLA LIABILITY | | | | AUTO ONLY \$ |
| CLAIMS MADE <input type="checkbox"/> OCCUP <input type="checkbox"/> | | | | EACH OCCURRENCE \$ |
| EXCESS/UMBRELLA \$ | | | | AGGREGATE \$ |
| OTHER | | | | \$ |
| INSURABLE COMPENSATION AND EMPLOYMENT LIABILITY | | | | \$ |
| EMPLOYMENT COMPENSATION/EMPLOYEE OFFICER/EMPLOYEE EXCLUDED | | | | \$ |
| EMPLOYEE EXCLUDED | | | | \$ |
| OTHER | | | | \$ |
| DESCRIPTION OF OPERATIONS - LOCATIONS - VEHICLES - EXCLUSIONS ADDED BY ENDORSEMENT - SPECIAL PROVISIONS | | | | |
| for the | | | | |
| Insured | | | | |
| CERTIFICATE HOLDER | | CANCELLATION | | |
| INSTRUCTIONS. | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDORSE TO MAIL _____ DATE AND FURNISH NOTICE TO THE CERTIFICATE HOLDER AND TO THE LATE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURED, ITS AGENTS OR REPRESENTATIVES. | | |
| | | AUTHORIZED REPRESENTATIVE | | |

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GC'S LICENSE

Please upload the City of Chicago-issued license for all tradesmen that you are paying directly for work on the project.

Tip: Ensure that this document is active and has not expired.

For information, please visit:

- [General Contractor Licenses](#)



All CDG-S finalists are also required to obtain a Certificate of Liability Insurance (COLI) registered on behalf of their legal entity.

COIs must be obtained before receiving a contract, and you must maintain active coverage throughout the disbursement process.

You will be required to maintain both general commercial liability and worker's compensation coverage to comply with the terms of the grant. Insurance policies must be for at least \$1,000,000 in coverage.

NOTE: Please ensure that the legal entity name listed in the "Insured" section exactly matches your legal entity name. Our team will check your record against the Illinois Secretary of State's business database to ensure the name is correct.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder has an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|----------------------|
| PRODUCER XYZ Agency 321 Spring St. Winston Salem NC 27105 INSURED ABC Company 123 Main St. King NC 27021 | | CONTACT NAME PHONE FAX E-MAIL INSURER(S) AFFORDING COVERAGE INSURER A: Commercial Insurance Company INSURER B: Workers Comp Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | NAM # |
|--|--|---|----------------------|

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DESCRIBED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THE POLICY PERIOD, THIS CERTIFICATE SHALL BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE | TYPE OF INSURANCE | | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | LIMITS |
|------|--|---------------------|--------------------------|----------------|--|--|
| | COMMERCIAL GENERAL LIABILITY | PRODUCT | | | | |
| A | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> CLAIMS-MADE & OCCUR <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER PERIOD <input type="checkbox"/> PERIOD <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OTHER | ABC 123456789 | 01/01/2019 | 01/01/2020 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURRENCE) MED EXP (EA PERIOD) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS POLLUTANT UNEMPLOYED BENEFIT BODILY INJURY (EA PERIOD) BODILY INJURY (EA OCCURRENCE) PERSONAL & ADV INJURY PROPERTY DAMAGE FUEL ADJUSTMENT EACH OCCURRENCE AGGREGATE | \$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ \$ \$ \$ \$ \$ \$ \$ |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOES HIRED AUTOES SCHEDULED AUTOES AUTO-TOGGED AUTOES UMBRELLA LIMIT EXCESS LIMIT OCCUR CLAIMS-MADE | | | | UNEMPLOYED BENEFIT BODILY INJURY (EA PERIOD) BODILY INJURY (EA OCCURRENCE) PROPERTY DAMAGE FUEL ADJUSTMENT EACH OCCURRENCE AGGREGATE | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| | NONOWNER COMPENSATION AND AUTOMOBILE LIABILITY ANY NONOWNER/OPERATOR/EXECUTIVE OPERATIONS/EMPLOYEES EXCLUDED Mandatory in ME Legal defense NON-OPERATION OF OPERATIONS below | | | | <input checked="" type="checkbox"/> PERIOD <input type="checkbox"/> OCCUR E1. EACH OCCIDENT E1. DISEASE - EA EMPLOYEE E1. DISEASE - POLICY LIMIT | \$ 100,000 \$ 100,000 \$ 500,000 |
| | B TYPE OF OPERATIONS | T/N XX 987654321 | 01/01/2019 01/01/2020 | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (CHECK BOX 15: Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| John Doe 456 Broad St. King NC 27021 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John Q. Grant |
|--|--|

ACORD 25 (10/01/01)

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ADDITIONALLY INSURED SECTION

Please note that the "Description of Operations" and "Certificate Holder" sections of your business' COI must match the exact language listed in the screenshot below for your general commercial liability policy. This language is set by the City and ensures that the City is also covered by your policy.

If any of this information is missing, or the inputs slightly deviate from the verbatim text listed below, our team will need to request revisions to your documentation. **You are not required to include this information on worker's compensation policies.**

| | |
|--|--|
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | |
| The City of Chicago is an additional insured in regard to General Liability where required by contract agreement. | |
| CERTIFICATE HOLDER | CANCELLATION |
| City of Chicago, Comptrollers Insurance Fund Unit 121 N. LaSalle Street Room 700 Chicago, IL 60602 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE John Q. Agent |

PERMIT APPLICATION NUMBER

The Department of Buildings issues permits to make sure that construction work follows safety standards and protects public health, safety, and welfare. You need a permit before starting most construction, demolition, or repair work. The department has different permitting processes for different projects, from home repairs to new skyscrapers, to provide better service.

For information, please visit:

- [Guide to Permits](#)

The permit application number can be verified through the Department of Buildings' [website](#) or City of Chicago data portal.

If your permit application number does not show up, it may have gone through the self-certification process. Please request proof of application from your architect.

Featured Services and Programs



Construction Codes

Chicago Construction Codes, code interpretations



Permits

Easy Permits, Self-Certification, Standard Plan Review, Developer Services, Specialized Reviews



Inspections and Reports

Permit, periodic, and complaint-based inspections; Required reporting programs



Trade Licensing

Licensing information for builders and contractors

SELF-CERTIFICATION PERMIT PROGRAM

The City of Chicago Self-Certification Permit Program simplifies the building permit process for residential and commercial projects. By using the program, architects can certify that plans meet Chicago's building code, so there's no need for the City Department of Buildings to review them. Architects need to have valid Illinois licenses and take periodic training classes to use the service. Once registered, architects can submit a certification statement with their permit application, agreeing to fix any code compliance issues and taking responsibility for the drawings.

However, when architects select this option, we are not able to track their status on the website. Finalists should request their permit application receipt and upload to Submittable if they choose this program.

| | | | |
|--|--|--|--|
| I am Acting As | | | |
| Contractor Type | | | |
| <input checked="" type="checkbox"/> SELF-CERTIFICATION | | | |

Additional Contractors ([Add Contractor](#))

| Type | Contractor Details | License # | Delete |
|--------|--|-----------|--------------------------|
| GENCON | ABC TOWN & COMPANY 517 M... | | <input type="checkbox"/> |
| ELECT | CABLE ... 3825 N | | <input type="checkbox"/> |
| PLUMB | RELIA ... 9013 | | <input type="checkbox"/> |

Select the contact(s) you'd like to remove from this permit application and click **Delete**

Delete

Additional Individual Owners/Contacts ([Add Individual Owner/Contact](#))

Note: You must add all individuals with ownership percentage of 25% or greater in this section.

| Type | Contact Details | Edit | Delete |
|-------|---|----------------------|--------------------------|
| OWNER | CITY OF CHICAGO INC 121 N LA SALLE ST CHICAGO, IL, 60602 | Edit | <input type="checkbox"/> |

Select the contact(s) you'd like to remove from this permit and click **Delete**

Delete

Additional Owners (Real Estate Developers) ([Add Company Owner/Contact](#))

Note: You must add all real estate developers with ownership percentage of 25% or greater in this section.



CHICAGO RECOVERY PLAN

THANK YOU!