

Contractor:

All Below Must Have Date and Signature or N/A

Name: _____

Water Meter Pulled: _____

Address: _____

Gas Dis: _____

Electric Dis: _____

Telephone: _____

Cable Dis: _____

Email: _____

Phone Dis: _____

Certification: I do hereby depose and say that all the above items or information provided are true and accurate and I have read and understand the information and conditions listed in the information packet included with this application.

Signature of Applicant

Date

Please note hours for demolition are limited to 7:00 a.m. to 9:00 p.m. September through May and 6:00 a.m. to 9:00 p.m. June, July, and August.

Contractor's Signature

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Environmental Protection Agency (IEPA): Projects of at least 160 sq./ft or 260 linear ft. or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA (\$150) Attach Illinois E-Pay receipt if paid electronically.

Cook County (excluding the City of Chicago): The Department of Environment and Sustainability no longer accepts paper notifications. Visit: www.cookcountyl.gov/agency/environmental-control for electronic submission of notifications.

Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq./ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

Copies of this form may be found at: www.ildceo.net/enviro

Date:		Illinois E-Pay Authorization Code:	
TYPE OF NOTIFICATION: <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual Check Type of Project Below: (Check all that apply): <input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input type="checkbox"/> Commercial Public Building (Friable & Non-Friable)			
Revised by: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer		#of times revised:	List Section #'s being revised:
1. FACILITY INFORMATION:			
Facility name:		School Bldg ID:	
Location of Asbestos Containing Material (ACM) in Structure:			
Bldg Size:	Sq.Ft.:	#Flrs:	Age:
Prior Use:		Present Use:	
Address:		City:	County: Zip:
Contact:		Phone:	
2. FACILITY OWNER OR SCHOOL DISTRICT: (Tip: Complete for all projects Commercial/Public or Schools)			
Facility Owner Name:			
Address:		City:	State: Zip:
Contact:		Email:	Phone:
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 85.5.350 of the IDPH Asbestos Code.			
3. ASBESTOS CONTRACTOR NAME:			ID#:
Address:		City:	State: Zip:
Contact:		Email:	Phone:
4. DEMOLITION CONTRACTOR NAME:			
Address:		City:	State: Zip:
Contact:		Email:	Phone:
5. ABATEMENT INFORMATION:			
		Is Asbestos Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:			
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:			
6. QUANTITIES:			
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I	Non-friable asbestos to be removed CAT II
Pipes (Ln. Ft.):			TOTAL ASBESTOS TO BE REMOVED
Surface Area (Sq. Ft.):			
Volume (Cu. Ft.):			
<small>Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.</small>			
7. ABATEMENT START DATE:		Finish Date:	Work hours: AM <input type="checkbox"/> PM <input type="checkbox"/>
AND/OR DEMOLITION START DATE:		Finish Date:	Work hours: AM <input type="checkbox"/> PM <input type="checkbox"/>
Working Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA and City of Chicago cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.</small>			

8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100-		Name:	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS			
Name of Analytical Testing Laboratory:			
11. ASBESTOS PROJECT MANAGER ID#: 100-		Name:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		Name:	
13. DISPOSAL SITE/LANDFILL NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
14. WASTE TRANSPORTER/NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder.			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # _____		NAME OF TRAINING COURSE _____	
I certify the above information is correct.			
Signature of Demolition/Abatement Contractor or the Owner		Date	
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA and City of Chicago must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			
For Cook County Departmental Use Only.			
Date Received CCDES:		Post Mark Date:	
Inspection Fee Received:		Input into Computer:	
Date(s) of Inspections:		Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>	
Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Must be Inspected:	
Violation Copies Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>			

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.

 <p>IL Environmental Protection Agency P.O. Box 19276 MC 41 1021 N. Grand Ave East Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically)</p>	 <p>ILLINOIS SMALL BUSINESS ENVIRONMENTAL ASSISTANCE PROGRAM www.ildeo.net/enviro</p>	<p><i>Submit this form to the appropriate agencies:</i></p>  <p>IDPH ILLINOIS DEPARTMENT OF PUBLIC HEALTH 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897) Email: DPH.Asbestos@illinois.gov</p>	
 <p>Cook County Department of Environment & Sustainability no longer accepts the combined form and all notifications must be filed with the Department at the web address below. www.cookcountyl.gov/agency/environmentalcontrol</p>	 <p>Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604</p>	<p>Fees apply as follows: Residential Unit with less than 4 units . . . \$300.00** Residential Units with 4 units or more . . . \$450.00 Commercial/Industrial facilities . . . \$600.00 ** except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.</p>	