

CITY OF CHICAGO - DEPARTMENT OF BUILDINGS

Report on “Ongoing Inspection and Repair Program” for Exterior Walls and Enclosures [Annual Report Form – Ref: 34(13-196-035)]

1. Name and Address of Building _____

Contact Person on Site _____ Phone _____

2. Principal Occupancy of Building: _____

3. Name and Address Owner / Agent: _____

Contact Person _____ Phone () _____

4. Description of Building and Exterior Walls: (Check all that apply.)

- | | | |
|----------------------------|-------------------------------------|--------------------------------------|
| a. No. of Stories _____ | <input type="checkbox"/> Brick | <input type="checkbox"/> Terra-Cotta |
| b. Height: _____ | <input type="checkbox"/> Stone | <input type="checkbox"/> Concrete |
| c. Plan Dimen.: _____ | <input type="checkbox"/> Conc. Blk. | <input type="checkbox"/> Stucco |
| d. Year Constructed: _____ | <input type="checkbox"/> Glass | <input type="checkbox"/> Windows |
| e. Composition of Exterior | <input type="checkbox"/> Metal | <input type="checkbox"/> Soffit |
| f. Category _____ | <input type="checkbox"/> Cornice | <input type="checkbox"/> _____ |

5. The following was performed in the past year by the Owner/Agent and Professional:

- | | |
|---|---|
| <input type="checkbox"/> Inspection from Afar | <input type="checkbox"/> Close-Up inspection |
| <input type="checkbox"/> Repair Design | <input type="checkbox"/> Prepared Repair Document |
| <input type="checkbox"/> Observed Repair Work | <input type="checkbox"/> Report Preparation |

Space Below For Building Department Use Only

6. Have you reviewed previous ordinance Reports or other reports on file for this Building? ☐ **YES** Dates of prior Reports _____, _____, _____, _____, _____
☐ **None Available**

7. Please check one of the following summarizing the condition of the façade. Use the back of this sheet (or attach separate Report) to briefly describe the nature and extent of inspections, repairs, maintenance or corrective actions taken during the Reporting Period, and recommended to be performed within the next one year period.
[Refer to Rules and Regulations for Exterior Wall Maintenance for definitions and additional reporting requirements.]

- ☐ **SAFE CONDITION.**
- ☐ **SAFE WITH REPAIR AND MAINTENANCE PROGRAM.** Describe repair and maintenance required and time frame to prevent deterioration into and unsafe condition.
- ☐ **UNSAFE AND IMMINENTLY HAZARDOUS.** The Department of Buildings must be notified by phone at (312)-743-7200 and by mail at Department of Buildings, 2045 W. Washington Blvd, Chicago, IL 60612.

Name of Building Department Employee Contacted: _____
Date Contacted: _____

Protective Canopies Recommended: ☐ **YES** ☐ **NO**

8. **Licensed Professional:**

Name: _____
Firm: _____
Address: _____

Phone: _____
Fax: _____

Date: _____ **Seal** Lic. Exp. _____

Signature and Seal of Professional: _____