

CITY OF CHICAGO - DEPARTMENT OF BUILDINGS

SCAFFOLDING PERMIT APPLICATION

WARD _____ / WORK CODE _____ / CACT _____

Title 13 of the Chicago Municipal Code requires that the erection of certain scaffolding may not be performed without a permit issued by the DOB. A Scaffolding Permit must be obtained where scaffolding work is required within the central business district of the City of Chicago and over 40 feet above grade; or anywhere in the City of Chicago over 80 feet above grade.

APPLICATION TO ERECT AND/OR MAINTAIN SCAFFOLDING

(PLEASE PRINT CLEARLY)

APPLICATION #: _____

PERMIT #: _____

The undersigned is applying for a scaffolding permit and hereby agrees to abide by the standard all terms and conditions stated in this Application.

(1) SITE ADDRESS: _____ CHICAGO, ILLINOIS 606 _____

(2) BUILDING OWNER NAME: _____ CONTACT PERSON: _____

ADDRESS FOR CONTACT PERSON: _____ CITY/STATE/ZIP: _____

TELEPHONE: () _____ 24 HR. EMERGENCY PHONE NUMBER: () _____ PAGER NO.: () _____

OWNER EMAIL ADDRESS: _____

(3) SCAFFOLDING CONTRACTOR COMPANY NAME: _____

CONTACT PERSON: _____

COMPANY ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE: () _____ 24 HR. EMERGENCY PHONE NUMBER: () _____ PAGER NO.: () _____

CONTRACTOR'S EMAIL ADDRESS: _____

(4) PERIOD OF TIME SCAFFOLDING WILL TAKE PLACE: (DAY/MO/YR) FROM: _____ TO: _____

(5) DESCRIBE IN DETAIL THE SCHEDULE FOR ALL SCAFFOLDING WORK: _____

(6) PURPOSE OF SCAFFOLDING WORK (describe in detail) _____

(7) NUMBER OF SCAFFOLDS TO BE ERECTED: _____

(8) TYPE AND MAKE OF SCAFFOLDING: _____

(9) SIZE AND DIMENSIONS: (length) _____ (width) _____ (height) _____ (weight) _____

(10) CONTRACTOR'S INSURANCE CO.: _____ POLICY #: _____ TELEPHONE #: () _____

(11) BUILDING OWNER'S INSURANCE CO.: _____ POLICY #: _____ TELEPHONE #: () _____

PLAN EXAMINATION

CK	CODE	ROUTING	DATE	APPROVAL	PERMIT FEES
	22	Architect Bldg.			
		Final			
#40 STOP ORDER FEE				FEE SUBTOTAL	
				TOTAL DUE	

DEPARTMENT OF TRANSPORTATION INFORMATION

Bureau of Inspection

Permit Issued:

Yes

Permit #: _____

No

TERMS AND CONDITIONS

1. **TERM/FEES:** Scaffolding permits shall be effective for one year from the date of issuance. If work is not completed within such time frame, the owner and contractor agree to either renew such permit or remove all scaffolding prior to expiration of the permit. There shall be no refund of the Permit Fee for any reason, unless otherwise authorized by the Building Commissioner.
2. **INSURANCE:** Prior to obtaining a Scaffolding Permit, Contractor must obtain Comprehensive General Liability Insurance in an amount equal to or exceeding \$1,000,000. which shall list the City of Chicago, its officers, employees and agents as an additional insured. The original insurance certificate shall remain at the Scaffold site at all times and shall be produced upon request by the Department of Buildings. The insurance shall remain in effect at all times that the scaffolding is present.
3. **SAFETY TRAINING:** As of April 1, 2003, Contractor agrees that each operator and every other person who participates in any way in the erection, maintenance or use of such scaffolding, must have completed a safety training course approved by the Building Commissioner. All proof of training must be maintained at the Scaffold site. This provision shall not be construed to waive all applicable safety requirements imposed by law.
4. **INSPECTIONS:** You authorize the Department of Buildings to inspect the scaffolding site at any time. You shall provide each inspector access to the scaffolding work and to all documents required under the Scaffolding permit.
5. **TRANSFERABILITY OR CHANGE IN OWNERSHIP OR CONTRACTOR:** Scaffolding permits are NOT transferable. Any change in Contractor or Owner must be approved by the Department of Buildings.
6. **VIOLATIONS:** Violation of the Scaffolding Ordinance or any of these Terms and Conditions will result in revocation of permit; and shall subject the Building Owner and scaffolding Contractor to a fine of not less than \$1,000. and not more than \$10,000. for each offense; and shall constitute a separate offense for each day the violation continues.

I hereby certify: (1) that all information and assertions made on this Permit Application are true and correct, (2) that I am familiar with all laws, rules and standards applicable to the scaffolding proposed in this Application; and (3) that all work will be or has been done in accordance with all the Chicago Municipal Code, OSHA, and all applicable laws and regulations. I further agree that I have read and agree to be bound all Terms and Conditions stated in this Application.

BUILDING OWNER NAME: _____

PRINT NAME: _____ **DATE:** _____

SCAFFOLDING CONTRACTOR COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____ **PRINT NAME:** _____

TITLE: _____ **DATE:** _____

**CITY OF CHICAGO
DEPARTMENT OF BUILDINGS
121 N. LASALLE STREET, ROOM 801
CHICAGO, ILLINOIS 60602**