

TEMPORARY EQUIPMENT FOR REPROCESSING OF CONSTRUCTION AND DEMOLITION MATERIAL

COOK COUNTY DEPARTMENT OF ENVIRONMENT AND SUSTAINABLITY

AS REQUIRED UNDER THE PROVISIONS OF SECTION 30-388 OF THE COOK COUNTY DEPARTMENT OF ENVIRONMENT AND SUSTAINABILITY ORDINANCE: In order to receive a temporary rock crushing authorization from the Cook County Department of Environment and Sustainability (DES), this application must be submitted and completed in its entirety. If further space is required, include additional sheets as attachments to this form as needed.

Please type or print neatly. All questions are required. Failure to answer properly and completely may result in the rejection of this application. For example, "NA" for Not Applicable is not a proper response.

Length of Pe	rmit Requested:			
Check one:	☐ One month (\$500)	☐ Two mor	nths (\$1,000)	\Box Three months (\$1,500)
Facility/Building Name:		Facility Type		
Site Address	:			
Date of Appl	ication:	Ant	icipated Start Da	ate:
Anticipated l	End Date:	Ant	icipated Work D	Oays:
Anticipated \(() (If the proposed)	Work Start Time: hours are very early (before 7am)	Ant and late (after 5pm), the	icipated Work E	End Time: titial noise issues will be addressed in Section 9 (A))
If crushing is	not completed within three i	months, you must re	e-apply for anothe	ng operations shall occur between 7am-5pm. For permit and submit another payment. The permit are permit and submit another payment.
Note: In addit of operation respectively of	tion to completing this appli (COO) for all reprocessing	cation, you must ob equipment used or rmation on obtainin	tain an equipment n-site as required g an ER and COO	30-392(d) of the Municipal Code. t registration permit (ER) and a certification under Section 30-151 and Section 30-183 O, in addition to the on-line application and ament-and-sustainability.
Applicant/C	Contractor's Information:		Property Owne	er/Developer Information*:
Name	I	Phone Number	Name	Phone Number
Address			Address	

City

Zip Code

State

City

Zip Code

State

1.	Provide property owner's written and signed consent to the reprocessing activity and temporary storage of reprocesse materials. Written consent must explicitly approve the operation of a Rock Crusher on the property. If Title of Propert is held in trust, attach to this form the names and addresses of all beneficiaries and other persons authorized to dea with the property.			
2.	Check the specific types of material to be reprocessed ☐ Broken Concrete ☐ Bricks ☐ Rock ☐ Stone ☐ Paving Asphalt			
3.	Estimate of the total quantity of material to be reprocessed and used onsite (in tons):			
4.	Explain how the total quantity of material to be processed was calculated:			
5.	Describe about Location and Height of Stockpiles at the Facility:(As per Sec 30-393 (b) At no time shall the height of reprocessable or reprocessed material and other materials brought on the site exceed 30 feet)			
6.	Describe: A. The planned end-use for the reprocessed material. Indicate on the site sketch (see #10) where the reprocessed material will be used onsite:			
	B. The planned end use of the subject property once construction and demolition activities are complete (retail, industrial, residential, vacant, unknown, etc.) and estimated date of re-development:			
7.	Name and location of all permitted facilities where incidental debris will be disposed (if applicable). Incidental debris refers to any non-reprocessable demolition debris left onsite by the demolition contractor including uncontaminated dirt, metal, mortar, gypsum, plasterboard, wood, and sand which are derived from a construction or demolition site and intermingled with reprocessable material. Such incidental debris must be disposed of at a properly permitted facility. Under no circumstances shall incidental debris be disposed of onsite.			
	Name: Address:			
	Name:			
	Name: Address:			

*If the developer is a partnership or corporation, include as an attachment to this form the names, addresses, and phone numbers of

all persons holding a share in the partnership or corporation.

8.	Name and location of all permitted facilities where crushed/reprocessed material not used onsite will be sent (if applicable):				
	Name:	Address:			
	Name:				
	Name:	Address:			
9.	Describe the methods, processes, equipment, etc. that will be used to control: A. Noise				
	B. Dust emissions				
	C. Trackout (mud/debris that may accumulate on the public way when a truck enters/leaves site)				
10.		oh, to scale, indicating property boundaries, locations of the hed product stockpiles, and all water sources. Site plans must be ot acceptable for site plans.			
11.	construction/demolition material or of reprocessed con any schools, childcare facilities, hospitals, and resident	that no reprocessing device or stockpile of reprocessable astruction/demolition material shall be located within 200- feet of tial buildings or mixed-occupancy building with a residential use; ys, and parks. Indicate the distance and direction to all of the			
	A. School:feet; Direction: B. Childcare facility:feet; Direction: C. Hospital:feet; Direction: D. Residential of mixed occupancy building: E. Other building:feet; Direction: F. Public way:feet; Direction: G. Park:feet; Direction:				

12. Certification By Applicant/Contractor (Applicant/Contractor must attest this certification):

Name:

I certify that I have personally examined and am familiar with all the information submitted in response to the questions contained in this application and the attached document(s), and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that all information submitted is true, accurate and complete. I also certify that only materials generated from Site demolition activities will be reprocessed at the Site and such reprocessed materials will be used only at the Site or will be taken to permitted facility (or pursuant to an approved government-to-government transfer).

Title:		
Mailing Address:		
Phone Number:	Fax Number:	
E-mail address:		
Signature:		
13. Certification By Prepares (If to	e prepare is not an applicant):	
•	ined and am familiar with all the information submitted in resp	

I certify that I have personally examined and am familiar with all the information submitted in response to the questions contained in this application and the attached document(s), and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that all information submitted is true, accurate and complete. I also certify that only materials generated from Site demolition activities will be reprocessed at the Site and such reprocessed materials will be used only at the Site or will be taken to permitted facility (or pursuant to an approved government-to-government transfer).

Name:		
Title:		
Company Name:		
Mailing Address:		
Phone Number:	Fax Number:	
E-mail address:		
Signature:		

Once complete, mail this application and check (payable to Cook County Collector) to:

Temporary Rock Crusher Permit
Cook County Department of Environment and Sustainability
69 W. Washington St
Suite 1900
Chicago, IL 60602

Questions?

Visit: <u>cookcountyil.gov/service/temporary-equipment-for-reprocessing-of-construction-and-demolition-material</u>

or

Email: wasteandrecycling@cookcountyil.gov