

# Ongoing Inspection and Repair Program Report for Exterior Walls and Enclosures

1. Address of Building \_\_\_\_\_  
 Name of Building \_\_\_\_\_  
 Contact Person (On Site) \_\_\_\_\_ Phone \_\_\_\_\_  
 Email address \_\_\_\_\_

2. Principal Occupancy of Building \_\_\_\_\_  
 3. Name of Owner / Agent \_\_\_\_\_  
 Address of Owner / Agent \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Email address \_\_\_\_\_

4. Description of Building and Exterior Walls

a. No. of Stories _____	f. Composition of Exterior (check all that apply)
b. Bldg. Height _____	<input type="checkbox"/> Brick <input type="checkbox"/> Terra-Cotta
c. Plan Dimen. _____ x _____	<input type="checkbox"/> Stone <input type="checkbox"/> Concrete
d. Year Constructed _____	<input type="checkbox"/> Conc. Blk. <input type="checkbox"/> Stucco
e. Category _____	<input type="checkbox"/> Glass <input type="checkbox"/> Windows
	<input type="checkbox"/> Metal <input type="checkbox"/> Soffit
	<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 reporting cycle. **(Refer to the Rules and Regulations for Maintenance of High-Rise Exterior Walls and Enclosures 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, Chicago IL 60612.

Name of Building Department Employee Contacted: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

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

8. Licensed Professional

Name \_\_\_\_\_

**Seal of Professional**

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Seal Lic. Exp. \_\_\_\_\_

**Signature of Professional** \_\_\_\_\_