



CONSTRUCTION / DEMOLITION DEBRIS SURCHARGE REMITTANCE FORM PURSUANT TO ORDINANCE 11-4-1961



Report Month: _____

Report Year: _____

CONSTRUCTION / DEMOLITION REPROCESSING FACILITY INFORMATION:

FACILITY NAME: _____ PERMIT NO: _____

FACILITY ADDRESS: _____

CITY: Chicago STATE: Illinois ZIP: _____

FEE CALCULATION:

1. AMOUNT OF CONSTRUCTION / DEMOLITION DEBRIS RECEIVED DURING THE REPORTING PERIOD: _____

2. UNIT OF MEASUREMENT: Tons Cubic Yards

3. CONSTRUCTION / DEMOLITION DEBRIS FEE: _____
\$0.50 x Line 1

4. REIMBURSEMENT ELIGIBLE* Yes No

*IF PAYMENT IS POSTMARKED ON OR BEFORE THE LAST CALENDAR DAY OF THE MONTH IMMEDIATELY FOLLOWING THE REPORTING PERIOD, THE CONSTRUCTION / DEMOLITION REPROCESSING FACILITY MAY RETAIN 2% OF THE FEES DUE TO THE CITY OF CHICAGO AS REIMBURSEMENT FOR EXPENSES INCURRED IN CONNECTION WITH ACCOUNTING FOR AND REMITTING THE FEES.

_____ \$0.02 x Line 2

5. TOTAL PAYMENT DUE: _____
\$ Line 2 - Line 3

CERTIFICATION BOX: BY CHECKING THIS BOX, I CERTIFY THAT ALL THE INFORMATION PROVIDED HEREIN IS ACCURATE AND TRUE UNDER PENALTY OF PERJURY.

PREPARER'S NAME

Date

PREPARER'S TITLE

Preparer's Email



CONSTRUCTION / DEMOLITION DEBRIS SURCHARGE REMITTANCE FORM PURSUANT TO ORDINANCE 11-4-1961



INSTRUCTIONS

This Construction/Demolition Surcharge Remittance Form (CSR Form) must be filled out electronically in Adobe Acrobat or Adobe Acrobat Reader Version 8 or later. **This form cannot be printed unless all the required information is entered.** If you cannot complete this form electronically, please contact the Chicago Department of Public Health ("CDPH") to make alternate arrangements on filing the necessary remittance form and on remitting the associated fee pursuant to Chapter 11-4-1961 of the Chicago Municipal Code.

The following boxes in the CSR Form must be answered.

1. Report Month - Use the dropdown button to enter the month of the period being reported.
2. Report Year - This is the year of the period being reported. The default value is the current year. Use the dropdown button to enter other years.
3. Permit No. - This is the 6 digit number found on your Reprocessable C&D Material Facility Permit. This number is preceded by the letters "ENVWAS" (i.e. if your permit number is "ENVWAS123456", then enter in "123456").
4. Facility Address - The address where the facility referenced in No. 3 above is located.
5. Facility Zip - The zip code where the facility referenced in No. 3 above is located.
6. (1) Amount of C&D Received During the Reporting Period - The quantity of debris subject to 11-4-1961 received over the reporting period.
7. (2) Unit of Measure - The units in tons or cubic yards of the C&D debris reported in No. 6 above.
8. (4) Reimbursement Eligible - Check "Yes" if you are completing this form on or before the last calendar day of the month immediately following the period being reported.
9. Certification Box - Check this box to certify, under penalty of perjury, that all the provided information is true and accurate.
10. Preparer's Name - The legal name of the person completing the CSR Form.
11. Preparer's Title - The formal job title of the person completing the CSR Form.
12. Preparer's Email Address - The email address of the person completing the CSR Form.

Once you have provided all the above required information, submit the form by clicking on the "Submit by Email" button on the top left corner of the CSR Form. Follow the instructions that guide you through the rest of the electronic submittal process. The instructions will vary depending on the type of email client you use (i.e. desktop or web based).

You will receive via email a point-of-sale (POS) invoice for the amount due, along with more detailed payment instructions. If you do not receive a response email right away, please allow up to two regular business days before resubmitting the form.

Effective January 1, 2016, CDPH will no longer accept payments sent to the department. You must send all payments to the address specified in the POS invoice.

Please direct all questions, comments, or issues regarding this form to:

DEPARTMENT OF PUBLIC HEALTH
333 S STATE STREET, 2nd Floor
CHICAGO, ILLINOIS 60604
ATTENTION: C&D SURCHARGE FEE

EMAIL: Renante.Marante@CityOfChicago.org
PHONE: (312) 745-3136