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		ELIZABETH ANN DOODY GORMAN	17th Dist.

BUREAU OF ADMINISTRATION
DEPARTMENT OF ENVIRONMENTAL CONTROL
DEBORAH C. STONE
DIRECTOR
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Chicago, Illinois 60602-3004
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All Revisions on this form subject to a $55 processing fee

ENVIRONMENTAL CONTROL REVISION APPLICATION

***PERMIT NUMBER:**	**ALL SUP/O&M PROJECTS MUST BE COMPLETED/PAID BY DECEMBER 31ST OF THE CALENDER YEAR ISSUED**	**Mailed Check #**

*Phone Number: *Fax Number:	**COMMERCIAL☐ RESIDENTIAL☐**
***IS CONTRACTOR BEING CHANGED? Yes☐**	***IS SITE BEING CHANGED? Yes☐**
***Name:**	***SITE OWNER'S NAME:**
***Contractor Address:**	*** SITE Address:**
***City/Zip Code:**	***City/Zip Code:**

***Original Start Date**	***Original End Date**	**TIME CHANGES HOLD☐ CANCEL☐ REFUND**		**Changes to footage**	**Waste Transporter**	**Disposal Site change**
New Start	**New End** ***(30 days max from Start)***					
1.		**1.**				
2.		**2.**				
3.		**3.**				
4.		**4.**				
5.		**5.**				
6.		**6.**				

Special Circumstances/Notes to consider

THIS REVISION WILL BE DISCARDED UPON RECEIPT WITHOUT ANY NOTIFICATION TO THE SENDER FOR ANY OF THE FOLLOWING REASONS LISTED BELOW:

►THIS FORM **IS NOT** RECEIVED IN OUR OFFICE PER OUR FAX TIME STAMP **AT LEAST 2 BUSINESS DAYS PRIOR** TO THE DATE (S) BEING MODIFIED

►ALL CHANGES MADE MUST BE BY THE ORIGIANAL APPLICANT/AGENT OF RESPECTIVE COMPANY

►**$55 Payment** for the revision is not received within 10 days of initial faxed request

All permits are ONLY valid for 30 days at a time revisions request beyond 30 day interval will be adjusted

****Fields marked with an asterisk (*) must be completed in order for revision to be accepted if left blank consider the revision Denied in its entirety without further notice from the department.***

_____ _____

***SIGNATURE** **DATE** *** TITLE OF SENDER**

REVISED 12/12/11