

CITY OF CHICAGO
Mayor's Office for People with Disabilities
Project data to determine compliance with the
Chapter 18-11 of the Chicago Building Code; ANSI A117.1- 2003 and the Illinois Accessibility Code

Project Name _____ DOB Permit App# _____
 Project Address _____ Owner _____
 Architect _____ Address _____ Phone _____

MOPD SCHEDULE (A)

# of Lodging Accessible Units		Multiple Dwelling (4 or More Stories and 10 or More Units)? (Y/N)	
# of Lodging Units w/Communication Features		Structure w/4 or More Units? (Y/N)	
# of Accessible Lodging Units w/ Communication Features		SFR (Detached? (Y/N)	
# of Type A Dwelling Units		Attached Multi-Story SFR w/ Separate Means of Egress? (Y/N)	
# of Type B Dwelling Units		Other: _____ _____ _____	
# of Type A and B Dwelling w/ Conduit Lines			
# of Visitable Dwelling Units			
# of Attached Multi-Story SFR Units w/ Separate Means of Egress			
# of Section 504 Dwelling Units Accessible			
# of Section 504 Dwelling Units w/ Communication Features			
# of Zoning Incentive Building Type A Dwelling Units			
Change of Occupancy to Residential (20 Units or More)? (Y/N)			
Planning Development? (Y/N)			
Planning Development #			

MOPD SCHEDULE (B)

Government owned, subsidized or guaranteed? (Y/N)		Construction Type: _____	Occupancy Class: _____
# of Government Funded Dwelling Units			
# of Dwelling Units			
Approx. Area Per Story		Type of Funding: Private: _____ City: _____ State: _____ Federal: _____ City/Federal: _____ City/State: _____ State/Federal: _____	
New Homes for Chicago Project? (Y/N)		Planned Development Type: Addition: _____ Alteration/Replacement: _____ New Construction: _____ Repair: _____	
Chicago Public Schools? (Y/N)		Developer Services: _____ Self Certification: _____ Audited Review: Yes: _____ No: _____	
For Alterations/Replacement, provide the following info:			
Total Alteration Cost in last 30 months _____ EAC _____ ERC _____ EAC/ERC % _____			
Architect Certifying Compliance	_____ (Printed Name)	_____ (Signature)	_____ Date
MOPD ACCEPTS PROPOSAL	_____ (Printed Name)	_____ (Signature)	_____ Date
To be signed and dated by authorized Mayor's Office for People with Disabilities staff and returned to applicant.			
1 st Review:	Units _____	Date _____	Reviewer _____
2 nd Review:	Units _____	Date _____	Reviewer _____
3 rd Review:	Units _____	Date _____	Reviewer _____
Permit Fees: \$		Fees Waived:	Yes: _____ No: _____