



VOIDED

3501 S. PULASKI RD

CA: 30

App. Type: PERMIT - WRECKING/DEMOLITION

Estimated Cost: \$1.00

App. No. 100753139 App. Date: 03/22/2018 Permit Issued: 07/06/2018

VOIDED - UNSAFE WORK ONSITE
WRECK AND REMOVE A 5-12 STORY MASONRY BUILDING

Inspector: BL No. Inspection Date: Insp. No.
Inspection Result Passed Failed Final Partial No Entry Void Permit Stop Order

Building Information

Table with columns: No. Stories, Width, Length, Area, Constr Type, Height, Fire Escape, Smoke Detector, CO Detector, Porch, Exempt, Annual, CN Fee, Lot Width, Lot Length, Lot Area, Dwelling Units, Attic, Rooming, Non-Resid, Basement, Family, Original, Total Units.

Applicant /Owner Information

OWNER: HRE CRAWFORD LLC
Address: 5 REVERE DR SUITE 206 NORTHBROOK IL 60062

Day: (847)714-1288 x
Mobile:

Contractor Information

Type: WRECK Name: MCM MANAGEMENT CORP DBA EAGLE Phone:
Address: 35980 WOODWARD AVENUE BLOOMFIELD HILLS MI 48304-
Lic. No.: 101622 Expires: 12/31/2018 Lic. Status: Inactive

Table with columns: Fee Description, Amount, Bill Date, Waived, Status, Paid Date. Includes WRECK FEE and Total Fees: \$3,687.60.

Inspections

Table with columns: Insp. #, Insp. Type, Partial, Waived, Started, Completed, Insp. By, Status, Modified By. Includes inspection records for 12640924, 12653164, 12690746, 12702364, and 12710004.

Inspections

Insp. #	Insp. Type	Partial	Waived	Started	Completed	Insp. By	Status	Modified By
12731513	CE_PERMIT	Y	N	03/01/2019	03/01/2019	279263	PASSED	279263
Comments: INSPECT MANLIFT								
12797644	CE_PERMIT	Y	N	03/25/2019	03/25/2019	279263	PASSED	279263
Comments: EXCAVATOR DEMO WORK								
12857285	CE_PERMIT	Y	N	04/24/2019	04/24/2019	279263	PASSED	279263
Comments: INTERIOR WORK								
12924841	CE_PERMIT	Y	N	05/09/2019	05/09/2019	279263	PASSED	279263
Comments: INSPECT EXCAVATOR								
12933929	CE_PERMIT	Y	N	06/10/2019	06/10/2019	279263	PASSED	279263
Comments: ASBESTOS ABATEMENT, BACKHOE WITH SHEAR SORTING MATERIAL								
12951378	CE_PERMIT	Y	N	07/30/2019	07/30/2019	279263	PASSED	279263
Comments: BACKHOE LOADING SCRAP MATERIAL								
12981800	CE_PERMIT	Y	N	09/10/2019	09/10/2019	279263	PASSED	279263
Comments: NO WORK, TEMPORARY SHUT DOWN								
13005453	CE_PERMIT	Y	N	10/09/2019	10/09/2019	279263	PASSED	279263
Comments: INSPECT BACKHOE, DEMOLITION WORK								
13023139	CE_PERMIT	Y	N	11/07/2019	11/07/2019	279263	PASSED	279263
Comments: EXCAVATOR WITH SHEAR ATTACHMENT CUTTING STEEL								
13039196	CE_PERMIT	Y	N	12/10/2019	12/10/2019	279263	PASSED	279263
Comments: CHECK LICENSE 120 T CENTRAL OK								
13053703	CE_PERMIT	Y	N	01/24/2020	01/24/2020	279263	PASSED	279263
Comments: H.E. PARKED LOW VISABILITY CONDITIONS								
13073425	CE_PERMIT	Y	N	03/12/2020	03/12/2020	279263	PASSED	279263
Comments: INSPECT MANLIFT OK								

100753139



* 0 0 - 1 0 0 7 5 3 1 3 9 - 0 0 *



CITY OF CHICAGO

Application for Wrecking Permit

(Instructions On Reverse Side) PLEASE USE BLACK INK ONLY

Ten Day Hold 3/22/18 to 4/11/18

- 1 Job Address 3501 S Pulaski Road
PIN 16-35-300-039-0000
No Dwell Units See Attached Front Bldg _____ Rear Bldg _____
Estimated Cost \$2 500 000
- 2 Description of Permit Demolition of Crawford Generating Station
- 3 Property Owner HRE Crawford LLC Phone # 847 714 1288
Address 5 Revere Drive, Suite 206 City Northbrook State IL Zip 60062
- 4 Wrecking Contractor MCM Management Corp dba Eagle Demolition Services
622 Lic # IGC100800 Contractor ID# 332947 Phone # 248-932-9600
Address 35980 Woodward Ave, Suite 210 City Bloomfield Hills State MI Zip 48304
- 5 Bonding Company Harford Fire Insurance Company
Address 5445 Corporate Drive, Troy MI 48004 Express _____
Insurance Company VTC INSURANCE GROUP
Expiration Date 10/31/18 Policy # SP002971-01-2017 Phone # 248-471 0970
- 6 Party Wall Yes No Number of party walls on premises _____
Party Wall Owners Name N/A
Address _____ City _____ State _____ Zip _____
- 7 Building Volume/Cubic Ft 6,321,300 cu ft

App # 100753139
Work Code _____
CACT _____ Ward _____

STAMPS OF APPROVAL

DEPARTMENT OF SEWERS

Sewer Permit No. 1802105
Date 4-30-18 By [Signature]
PAID DWM
7/6/18
JUL 06 PAID

PE T #7
Larry Thomas

313-549-0067

CONST	STORIES	BSMT	WIDTH	LENGTH	HEIGHT
Bk/Bld	5		230	180	52
Bk/Bld	5		145	145	52
Bk/Bld	12		80	180	120

See schedule attached

8 CERTIFICATION We hereby certify that the statements in this application are true and correct to the best of our knowledge and belief and that all the work under the proposed permit will conform to the municipal code of the City of Chicago Removal of asbestos and notice thereof must be in conformance with Asbestos National Emission Standard 40 CFR Part 61 Subpart 14

Signature of Property Owner [Signature]
Signature of Wrecking Contractor [Signature]

The project covered in this application will be completed in 630 days from date of permit issuance

Owner/Agent HRE Crawford, LLC
Emergency Name Aaron Fitch Number 248 660 6772

9 CERTIFICATION BY EXPEDITOR I _____ as Expeditor hereby certify that the statements in this Application are true and correct. I understand that any false or inaccurate information contained in or in connection with this permit application may result in prosecution under the False Statements Ordinance Ch 1 21 of the Chicago Municipal Code in addition to any other civil or criminal penalties provided by law

Signature of Expeditor _____
Expeditor Number _____
Address _____
Telephone Number _____
Date _____

Department of Streets & Sanitation
Bureau of Rodent Control
18-01195725
COMPLIED

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
PERMITTING AND INSPECTION
MAY 02 2018
REVIEWED BY [Signature]

DEPARTMENT OF TRANSPORTATION
DIVISION OF
INFRASTRUCTURE MANAGEMENT
PERMIT ISSUED YES _____ NO

914462

Space below for Department Use Only

Department	Date	Approved	Login ID #
Water	7/6/18	OMS	
Street Permit	4/10/18	MS	
Rodent Control	4-12-18	TP	
Environmental Control	5/2/18	MS	
Flammable Liquid	5/2/18	MS	
Freight Tunnel Routes			
Sewers	4/30/18	MS	
Demolition Bureau			

Permit Fee _____
 Wreck Final _____
 (Signature) *M. [Signature]*
 Date 7/6/18
 Stormwater waived 04-10-2018
 -Will redevelop within 1 year. *C. [Signature]*

WRECKING PERMIT INSTRUCTIONS

- A) Application must be reviewed and logged in
- 1 Whiteout is not permitted on application
 - 2 Type or print clearly with **BLACK INK**
- B) Submit the following with each of your applications
- 1 Certificate of insurance showing the producer insured company coverage policy number with effective date and expiration date coverage limits worker s compensation job site and certified title holder
 - 2 Copy of a signed contract between the owner of the property and the wrecking contractor
 - 3 Two (2) clear and explicit pictures of the building to be wrecked
 - 4 Wrecking permit addendum form completely filled out and signed
 - 5 Excavation Form
 - 6 Letter from adjacent neighbors and Alderman
- (C) **Instructions for filling out application on reverse (Paragraphs below match numbered items)**
- 1 **Complete Job Address** If building is on the corner of lot show both street addresses Indicate front or rear building and Permanent Real Estate Index No (PIN #) Also indicate number of dwelling units
 - 2 **Description of Permit** Indicate number of stories type of construction and use of building For instance three story brick restaurant and 2 apts Also if building is a partial demolition indicate so in the description (Additional information may be required)
 - 3 4 & 5 **Owner, Contractor, Bond Co and Insurance** Indicate proper names addresses license number and expiration date as required
 - 6 **Party wall** Indicate yes or no if yes give number of party walls on premises name and address of party wall owners Also a letter must be submitted from a licensed architect or structural engineer to the effect that the wall does not need anchoring or reinforcing If the wall must be anchored or reinforced a plan must be submitted showing how the wall is to be secured
 - 7 **Building Volume** Indicate total cubic feet of building or structure
 Show construction type for example brick frame metal etc
 Number of stories for example 1 2 3 4 etc
 Basements yes or no
 Width length and height of building in total feet
 - 8 **Signature** Property owner and contractor **MUST** sign application
 - 9 **Signature of False Statement Ordinance** Expeditor must sign and date and provide their Expeditor number address and phone number
- D) Wrecking permits located along the Chicago freight tunnel routes must be approved by the Department of Transportation Board of Underground

The areas involved for the Chicago freight tunnel routes are as follows

- On the south—south side of Roosevelt Road—inclusive
- On the east—east side of Michigan Ave—inclusive
- On the north—center line of Illinois Street
- On the west—west side of Canal Street—inclusive





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VTC Insurance Group Farmington Hills Office 37000 Grand River Ste 150 Farmington Hills MI 48335	CONTACT NAME Anita Palarchio PHONE (A/C, No, Ext) (248) 888-5485 E MAIL ADDRESS apalarchio@gswins.com	FAX (A/C, No) (248) 471-0641													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A Axis Surplus Insurance Co</td> <td>26620</td> </tr> <tr> <td>INSURER B Amerisure Mutual Insurance Co</td> <td>23396</td> </tr> <tr> <td>INSURER C Technology Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER E Great American Assurance Co</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Axis Surplus Insurance Co	26620	INSURER B Amerisure Mutual Insurance Co	23396	INSURER C Technology Insurance Company		INSURER D Evanston Insurance Company	35378	INSURER E Great American Assurance Co		INSURER F
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INSURER F															

COVERAGES CERTIFICATE NUMBER 2018 Eagle Demo REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Pollution	X		SP002971012017	10/31/2017	10/31/2018	EACH OCCURRENCE \$ 1 000 000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1 000 000 MED EXP (Any one person) \$ 10 000 PERSONAL & ADV INJURY \$ 1,000 000 GENERAL AGGREGATE \$ 2 000 000 PRODUCTS COMP/OP AGG \$ 2 000 000 \$ 1 000 000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CA209458502	10/31/2017	10/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			SX002972012017	10/31/2017	10/31/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	IL WC TARIL1008839	1/12/2018	1/12/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE EA EMPLOYEE \$ 1,000,000 E L DISEASE POLICY LIMIT \$ 1,000,000
D	Excess Umbrella			MKL3EFX100074	10/31/2017	10/31/2018	15 000 000
E	Excess Umbrella			EXC1615727	10/31/2017	10/31/2018	25 000 000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)
Project NRG Crawford Station, 3501 S Pulaski Rd, Chicago, IL 60623

Where required by written contract, City of Chicago is additional insured on the General Liability policy with respect to ongoing and completed operations performed by the named insured.
Form attached CG 20 26

CERTIFICATE HOLDER City of Chicago 121 North LaSalle Street Chicago, IL 60602	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS
	AUTHORIZED REPRESENTATIVE T Griffin, CIC, CRM/A

Endorsement No 22

Effective Date 01/31/2018@12 01 a m Standard Time at the address of the **Named Insured**

Policy Number SP002971-01-2017

Insured Name MCM Management Corp

Issuing Company AXIS Surplus Insurance Company

Additional (Return) Premium \$250

If the Endorsement Effective Date is blank then the effective date of this Endorsement is the Inception Date of the Policy

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following

SPECIALTY PACKAGE POLICY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Chicago
121 North LaSalle Street
Chicago IL 60602

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A Section III – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **Bodily Injury, Property Damage or Personal And Advertising Injury** caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf

- 1 In the performance of your ongoing operations or
- 2 In connection with your premises owned by or rented to you

However

- 1 The insurance afforded to such additional insured only applies to the extent permitted by law and
- 2 If coverage provided to the additional insured is required by a contract or agreement the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured

B With respect to the insurance afforded to these additional insureds the following is added to **Section IV – Limits Of Insurance**

If coverage provided to the additional insured is required by a contract or agreement the most we will pay on behalf of the additional insured is the amount of insurance

- 1 Required by the contract or agreement, or
 - 2 Available under the applicable Limits of Insurance shown in the Declarations,
- whichever is less

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

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CG 20 26 04 13



COUNCIL CHAMBER
CITY HALL ROOM 300
121 NORTH LA SALLE STREET
CHICAGO ILLINOIS 60602
TELEPHONE (312) 744-9491

RICARDO MUÑOZ

**ALDERMAN - 22ND WARD
PUBLIC SERVICE OFFICE**

2500 SOUTH ST LOUIS AVENUE
CHICAGO ILLINOIS 60623
TELEPHONE (773) 762 1771
FAX (773) 762 1825



CITY COUNCIL COMMITTEE MEMBERSHIPS

RULES AND ETHICS
EDUCATION
PARKS AND RECREATION
HUMAN RELATIONS
BUDGET AND GOVERNMENT RELATIONS

June 25, 2018

City of Chicago
Department of Buildings and Consumer Protection
121 N LaSalle 8th Floor
Chicago IL 60609

To whom it may concern

Please be advised that I have no objection and am in support of **HRE Crawford, LLC**, owner of the property located at 3501 South Pulaski Road, Chicago, IL 60623, receiving the appropriate permitting to begin the demolition of the building on this property

I am aware MCM Management Corp will begin the demolition process around July 9th 2018 with its completion on or before April 30th, 2019

Thank you for your attention to this matter, do not hesitate to contact me if you have any questions or require further information at (773)762-1771

Sincerely,

Alderman, Ricardo Muñoz
22nd Ward

WRECKING PERMIT
ADDENDUM

Name, address, license number of disposal site(s) to be used

American Recycling & Disposal
2100 W Madison St Unit A
Maywood, IL 60153
P (630)506-9977
F (888) 607-7441

Name of trucking firm and truck number(s) to be used to haul debris

American Recycling & Disposal
2100 W Madison St Unit A
Maywood, IL 60153
P (630)506-9977
F (888) 607-7441

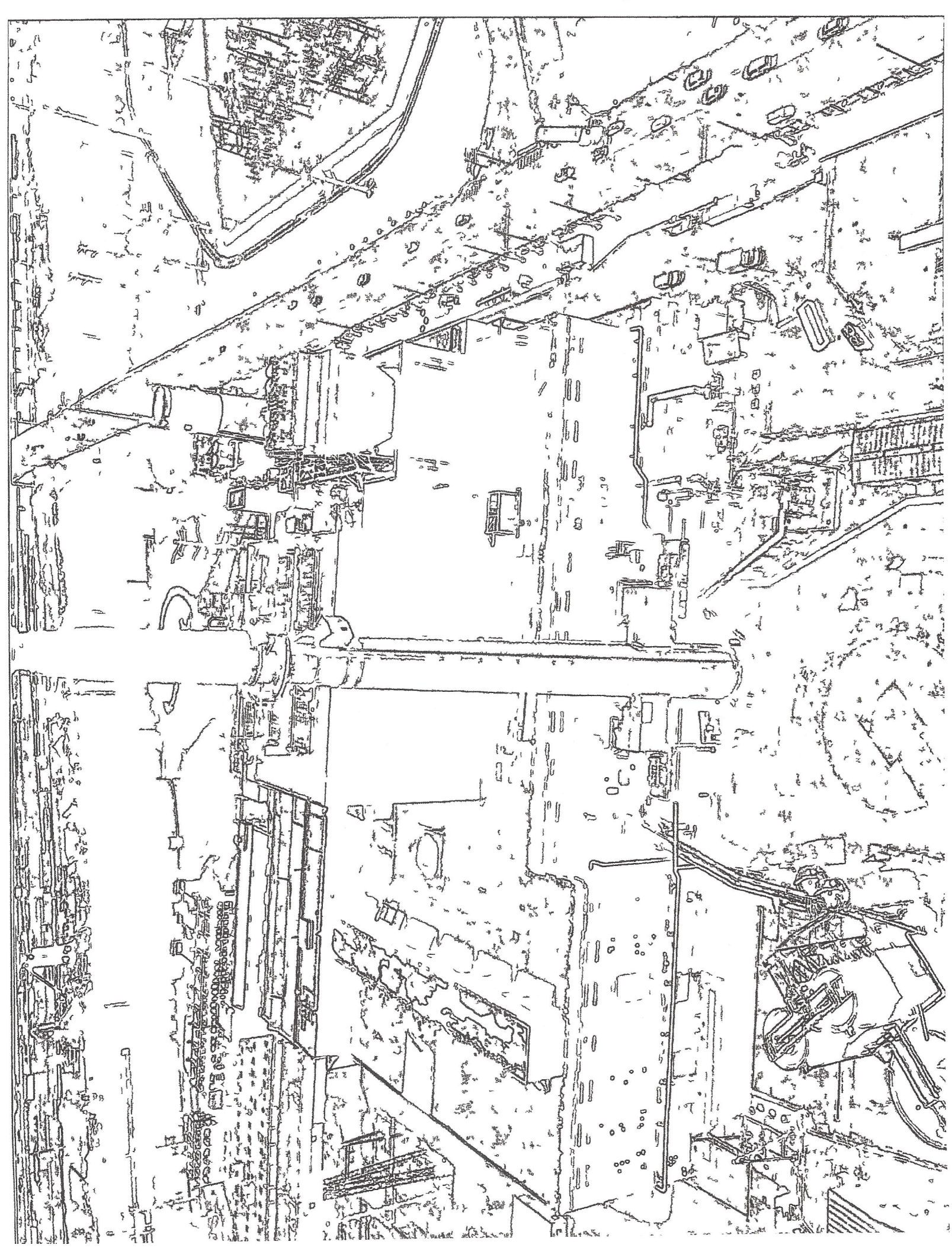
Date un-salvageable material being removed

March 25 2019


Applicant Signature

3501 S Pulaski Road Chicago IL 60623
Address of Demolition Site

11-11-19





Larry L Thomas

From Tschantz John <jtschantz@hilcoglobal.com>
Sent Wednesday April 18 2018 2:28 PM
To Larry L Thomas
Subject RE: Letter Notification

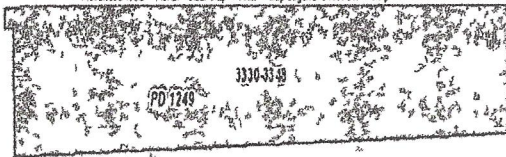
Larry,

HRE Crawford, LLC owns 3459 S Pulaski (Pin# 16-35-118-002) as shown below

3450 S Pulaski



Advanced Tools Aerial ClearMap Print Map Legend Overview Help



Locate & Search

Identify Results

zoning (M2-3)

zoning (M2-3)

Grid Index: 8-J
Zoning Map Page Number: 1210

City Address

3450 S PULASKI RD (418381)

Details

PI# P-163516002
Parcel Address 3400-3400 SHAMLIN AVE

Open 60 Acre Page (www.35391.ir)

Tractement Planning (M2)

Little Village Ind. Corridor
Ref Number T 152

In Our City Center

Little Village
Acres 1252.25606

View

Community Area

SOUTH LAWDALE

Map Layers

