



Office of the Chicago City
Clerk



O2012-2616


Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	4/23/2012
Sponsor(s):	Balcer, James (11)
Type:	Ordinance
Title:	Exemption of public way use permit fee(s) for R.D.G. Management - 537 W 31st St
Committee(s) Assignment:	Committee on Transportation and Public Way

pan
Introduced to City Council
April 18, 2012

An ordinance exempting R.D.G. Management located at 537 West 31st Street, for a fire escape from the public way permit fees under the amended municipal code to Chapter 10-28 as that term is defined in section 17-17-02146, constructed in or before 1922 a public way use that is part of the original construction and is a permanent structure of the building . (Attached please find documentation).


James A. Balcer
Alderman, 11th Ward

VOLUME 523 PROPERTY INDEX NUMBER 17-33-104-010-0000 TOWNSHIP SOUTH CHICAGO TAX CODE 76001 NEIGH 030 STREET CODE 1340
 LOCATION 537 W 31ST ST CHICAGO
 TAXPAYER RAYMOND DEGRAZIA
 ADDRESS 537 W 31ST ST
 CITY-ST ZIP CHICAGO IL 60616-3129 LAST TRI YEAR 2009

ASSESSMENT VALUATIONS

	2007	2008	2009 PROPOSED
LAND	6,360	6,360	15,000
IMPROVEMENTS	37,332	37,332	29,940
TOTAL	43,692	43,692	44,940
CLASS			2-12

LAND SQ FEET 3,000 IRREGULAR LOT NO
 CURRENT MARKET VALUE 449,400
 HOMEOWNERS EXEMPTION 2009 DNR
 SENIOR EXEMPTION 2009 NO
 CERTIFICATE OF ERROR 2009 NO
 DISABLED VETERANS EXEMPTION 2009 NO

2002 BASE	2009	HOMEOWNER EXEMPTION	PRORATION	NPHE
EQUALIZED VALUATION	H/O VALUATION	EXEMPTION	FACTOR	AMOUNT
27,842	96,406	1	1.000000	20,000

*
 --LAND DESCRIPTION-- --IMPROVED LOT-- RECORD 001
 LAND MEASUREMENT UNIT-PRICE
 3,000 SQUARE FEET 50.00

CLASS	LEVEL OF ASSESSMENT	ADJUSTMENT FACTOR	ASSESSED VALUE
2-00	10.0%		15,000

*
 --IMPROVEMENT DESCRIPTION-- RECORD 002
 CLASS MARKET VALUE C.D.U.
 2-12 299,400

AGE	LEVEL OF ASSESSMENT	PRORATION FACTOR	RELATED PARCEL	ASSESSED VALUE
124	10.0%			29,940

1.RESIDENCE TYPE --three story	*19.CONSTRUCTION QUALITY --average
2.RESIDENCE USE --multi family	*20.RENOVATED
3.NUMBER OF APARTMENTS --four	*21.STATE OF REPAIR --average
4.EXTERIOR WALLS --masonry	*22.SITE DESIRABILITY --not relevant
5.ROOF --tar and gravel	*23.GARAGE SIZE --none
6.NUMBER OF ROOMS (NO BATHS) --007--	*24. A.CONSTRUCTION
7.NUMBER OF BEDROOMS --04--	*25. B.ATTACHED
8.NUMBER OF FULL BATHS --03--	*26. C.IN AREA
9.NUMBER OF HALF BATHS --1--	*27.PORCH
10.BASEMENT --partial	*28.OTHER IMPROVEMENT VALUE --no
11.BASEMENT FINISH --unfinished	*29.SQUARE FOOT OF LIVING AREA 5,040
12.CENTRAL HEATING --electric	*30.LAND SQUARE FOOTAGE 3,000
13.OTHER HEATING-STOVE -no SOLAR -no	*31.IRREGULAR LOT --no
UNIT HEATER -no FLOOR FURNACE -no	*32.NO. OF COMMERCIAL UNITS --1--
14.CENTRAL AIR CONDITIONING --no	*33.PRORATED --no
15.NUMBER OF FIREPLACES --0--	*34.CATHEDRAL CEILING --no
16.ATTIC TYPE --full	*35.RELATED PARCEL NUMBER
17.ATTIC FINISH --unfinished	
18.PLAN OF DESIGN --stock plan	



CERTIFICATE OF LIABILITY INSURANCE

OF ID: JF

DATE (MM/DD/YYYY)

04/17/12

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
Insure-Rite, Inc.
3901 West 95th Street
Evergreen Park, IL 60805

708-636-8484

CONTACT

NAME:

PHONE

E-MAIL:

ADDRESS:

PRODUCER

CUSTOMER ID #: DEGRA-1

FAX

(A/C, No):

INSURED

North Star Trust Co
10-1086 40
3207 S Emerald
Chicago, IL 60616

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Rockford Mutual Insurance Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPIL003197	01/10/12	01/10/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$
A	Building		CPIL003197	01/10/12	01/10/13	E.L. DISEASE - POLICY LIMIT \$
						Repl Cost 475,000
						Deductibl 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 537 W 31st St, Chicago, IL 60616

Certificate Holder is listed as additional insured on the general liability policy only effective as of 4-17-12
TRUST # 10-1086

CERTIFICATE HOLDER

CANCELLATION

CITYCHL

City of Chicago
121 N. LaSalle Street
Chicago, IL 60602

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

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