

# City of Chicago



O2011-379

### Office of the City Clerk

### City Council Document Tracking Sheet

**Meeting Date:** 1/13/2011

Status: Introduced

Reilly, Brendan (42) Sponsor(s):

Type: Ordinance

Grant(s) of Privilege in Public Way for Northwestern **M**emorial Hospital Title:

Committee on Transportation and Public Way Committee(s) Assignment:

ORDINANCE

Acct. No. 85392 - 7 Permit No. 1047723

Be It Ordained by the City Council of the City of Chicago:

SECTION 1. Permission and authority are hereby given and granted to NORTHWESTERN MEMORIAL HOSPITAL, upon the terms and subject to the conditions of this ordinance to maintain and use as now constructed electrical Conduit ducts under the public right-of-way adjacent to its premises known as 710 N. Fairbanks Ct.. Said electrical conduit ducts shall be described as follows:

#### **HURON STREET**

Along East Huron Street electrical conduit ducts shall span four hundred seventy-six (476) linear feet and one (1) inch in width.

#### ST CLAIRE STREET

Along North St Claire Street electrical conduit ducts shall span two hundred fifty-five (255) linear feet and one (1) inch in width.

#### SUPERIOR STREET

Along East Superior Street electrical conduit ducts shall span five hundred sixty-three (563) linear feet and one (1) inch in width.

Conduit ducts shall be constructed in accordance with plans and specifications approved by the Department of Transportation.

This grant of privilege in the public way shall be subject to the provisions of Section 10-28-075 of the Municipal Code of Chicago.

The grantee shall pay to the City of Chicago as compensation for the privilege #1047723 herein granted the sum of seven thousand seven hundred sixty-four (\$7,764.00) per annum in advance.

A 25% penalty will be added for payments received after due date.

Authority herein given and granted for a period of five (5) years from and after 11/15/2005.

Brendan Reilly 42nd Ward

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## APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT I			
	NFORMATION:		•••
NAME: Northw	estern Memorial Hospita	al	•
ACCT#:	85392	RENEWAL	SITE#: 7
PERMIT#:	1046974		
ADDRESS:	259 E. Erie St., Ap	t./Suite 400	
ZIP CODE:	60611		
CONTACT PE	RSON: Bud Vance		
TITLE:			PHONE: (312)926-2917
Check box for a	chaage of mailing ad	ldress. Provide infor	mation below
New Mailing A	Address:		
Phone:	<u>.</u>		
Contact:			
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