



City of Chicago



Or2021-39

Office of the City Clerk

Document Tracking Sheet

Meeting Date: 2/26/2021

Sponsor(s): Waguespack (32)

Type: Order

Title: Issuance of permits for sign(s)/signboard(s) at 1942 W Fullerton Ave - southwest elevation

Committee(s) Assignment: Committee on Zoning, Landmarks and Building Standards

CITY COUNCIL
COMMITTEE ON ZONING, LANDMARKS AND BUILDING STANDARDS

COUNCIL ORDER

RE: Approval of sign over 100 square feet in area or over 24 feet above grade

ORDERED, that the City Council hereby approves the following sign application submitted by:

Applicant*: NORTHSHORE UNIVERSITY HEALTHSYSTEM

(* The Applicant is the owner of the real property or the business tenant of the real property. Do not list the sign contractor, sign erector, sign company or advertising entity in the above space.)

This Order approves the following sign in accordance with Municipal Code of Chicago Section 13-20-680:

Address of Sign: 1942 W. FULLERTON Chicago, IL 60614

Zoning District: C3-3

DOB Sign Permit Application #: 100903285

Sign Details:

1. On-premise OR Off-premise
2. Static sign OR Dynamic-Image display sign
3. Number of sign faces 1
4. Projecting over the public way NO (Yes or No) If yes, Public Way Use #: NA
5. Dimensions: Length 18 feet 8 inches Height 9 feet 5 inches
Total square feet in area: 176 feet 0 inches
6. Height above grade: 1 feet 0 inches
7. Elevation (side of building or lot where the sign will be erected): SOUTHWEST
8. Name of Sign Contractor/Erector: BULLEY & ANDREWS LLC

To be legal, such sign shall comply with all provisions of Title 17 of the Chicago Municipal Code ("Zoning Ordinance") and all other provisions of the Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures. Failure of the applicant and the applicant's successors to comply shall be grounds for invalidation or revocation of the sign permit.

[Signature]
Alderman

32
Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100903285	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION	12/16/2020		
ADDRESS OF SIGN	1942 W FULLERTON AVE, 60614-		
BUILDING	ORIGINAL PERMIT NUMBER		
TYPE OF PERMIT	NEW CONSTRUCTION (SIGN)		
PAYER OF ANNUAL INSPECTION	BOURBON, DAN 5270 LINCOLN AVE SKOKIE, IL 60077 (847)980-6739		
SIGN MANUFACTURER	UNKNOWN		
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION			
TICKET NUMBER	0	REINSPECTION CONTROL NUMBER	
TYPE OF SUPPORT FOR SIGN	BUILDING		
SIGN BOARD SUPPORT MEMBERS	STEEL		
ANNUAL FEE	_____		
CONSTRUCTION FEE	200.00	Check # for Zoning	
1017 B FEE	_____		
TOTAL FEE	200.00		
AMOUNT PAID	200.00	Check # for DCAP	
BALANCE DUE	_____		

TYPE OF SIGN	SIGNBOARD				
LENGTH	FT 18	IN 8	HEIGHT	FT 9	IN 5
AREA	SQ FT 176	WEIGHT		LBS 5	
SIGN HEIGHT ABOVE GRADE/ROOF				FT 1	
SHAPE OF SIGN	REGULAR				
SIGN WILL READ	NORTHSHORE UNIVERSITY HEALTHSYSTEM IMMEDIATE CARE				
NO. OF LAMPS	TOTAL WATTAGE				
TYPE OF LAMP					
NO OF BALLAST/TRANSFORMERS			INPUT OF TRANSFORMERS		
CONTRACTOR WILL INSTALL		<input checked="" type="checkbox"/>	FEEDERS	<input checked="" type="checkbox"/> CUSTOMER LEADS	
TYPE OF SWITCH					
LOCATION OF SWITCH					
SIGN LOCATION NON-ILLUMINATED WINDOW APPLIQUE ON N. ELSTON / SOUTHWEST ELEVATION. 18'-8"L 9'-5"H. SIGN STATES: "NORTHSHORE IMMEDIATE CARE" WITH GRAPHIC					

The undersigned certifies that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Chicago Municipal Code.

LICENSE #	
ELECT CONTR*	
ADDRESS	
SUPERVISOR SIGNATURE	

#	TGC04239
CONTRACTOR*	BULLEY & ANDREWS, L.L.C. GENCON
ADDRESS	1755 W. ARMITAGE AVE. CHICAGO IL, 60622-
SIGNATURE	

*IF APPLICABLE

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits.

City of Chicago
Lori E Lightfoot, Mayor



Department of Buildings
Matthew Beaudet, Commissioner

TYPE OF BUSINESS <u>PUBLIC</u> Other <u>HOSPITAL</u> Name <u>NORTHSHORE UNIVERSITY HEALTHSY</u> LIC #. _____ Renewal Date _____	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input type="checkbox"/> YES IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way Grant Permit #. _____ <input type="checkbox"/> Planned Development/Manufacturing PMD/PD# _____ Zoning District <u>C3</u> Other: <u>C3-3</u>	TIME STAMP
TYPE OF SIGN. <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) <u>235</u> TOTAL AREA OF NEW SIGN (SQ.FT.) <u>176</u> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT) <u>1</u> HEIGHT OF SIGN ABOVE GRADE (TO TOP) <u>10ft 5in</u>	
DISTANCE OF CURB LINE OUTER EDGE (ft) <u>25</u> DISTANCE OF STRUCTURE INNER EDGE (ft) <u>24</u>	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) <u>5,000</u> B. EXPRESSWAY (IF LESS THAN 1,000 FT.) <u>5,000</u> C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) <u>5,000</u>	REMARKS
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Paycee: _____ Landmark Hold: <input type="checkbox"/> Status: _____	
ZONING (OFFICE USE ONLY)	