



City of Chicago



Or2020-137

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	5/20/2020
Sponsor(s):	Gardiner (45)
Type:	Order
Title:	Issuance of permits for sign(s)/signboard(s) at 5211 W Lawrence Ave
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: 5211 W. Lawrence Chicago, IL 60630

Zoning District: PD1364

DOB Sign Permit Application #: 100868621

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 13 feet 1 inches Height 9 feet 9 inches
Total square feet in area: 127 feet 6.75 inches
6. Height above grade: 4 feet 0 inches
7. Elevation (side of building or lot where the sign will be erected): NORTH
8. Name of Sign Contractor/Erector: JAMERSON & BAUWENS

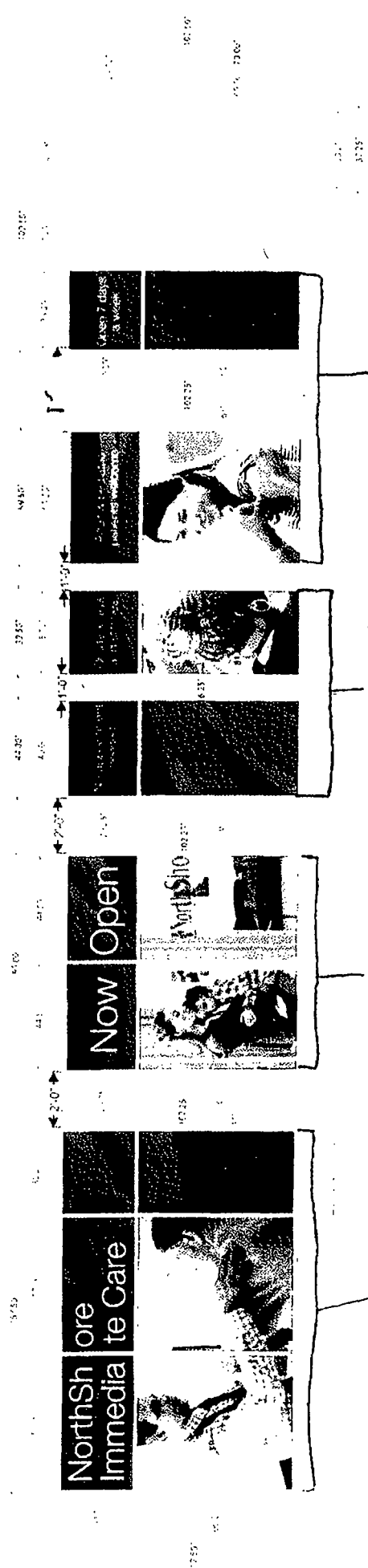
To be legal, such sign shall comply with all provisions of Title 17 of the Chicago Municipal Code ("Zoning Ordinance") and all other provisions of the Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures. Failure of the applicant and the applicant's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


Alderman

45
Ward

NorthShore_Lawrence
 Scale: 1:10

10/1/02
 8:43 AM



100868911
 8'-0" x 8'-6"

100868910
 8'-0" x 9'-8"

100868907
 7'-11" x 8'-6"

100868621
 13'-1" x 9'-9"



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100868621	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------	---------------------------------	------------	-----------	---

DATE OF APPLICATION 03/25/2020	
ADDRESS OF SIGN 5211 W LAWRENCE AVE, 60630-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAID FOR 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 OTHER	
SIGN BOARD SUPPORT MEMBERS OTHER	
ANNUAL FEE	
CONSTRUCTION FEE	400.00
1017 B FEE	
TOTAL FEE	400.00
AMOUNT PAID	200.00
BALANCE DUE	\$ 200.00

TYPE OF SIGN SIGNBOARD					
LENGTH	FT 13	IN 1	HEIGHT	FT 9	IN 9
AREA	SQ FT 128	WEIGHT		LBS 2	
SIGN HEIGHT ABOVE GRADE/ROOF					FT 4
SHAPE OF SIGN REGULAR					
SIGN WILL READ NORTHSHORE IMMEDIATE CARE					
NO. OF LAMPS			TOTAL WIRING		
TYPE OF CAMP					
NO. OF BALASTS/TRANSFORMERS			INPUT OF TRANSFORMERS		
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> LEDS <input checked="" type="checkbox"/> CUSTOMER LEADS		
TYPE OF SWITCH					
LOCATION OF SWITCH					
SIGN LOCATION BUSINESS IDENTIFICATION SIGN FOR NORTHSHORE UNIVERSITY HEALTHSYSTEM, VINYL INSTALLATION BEHIND GLASS. SIGN TO STATE "NORTHSHORE IMMEDIATE CARE". 13'-1.5"H X 9'-9.5"L					

The undersigned certify 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 #	E23841
ELECT CONTR*	JAMERSON & BAUWENS ELEC. CONTR ELECTR
ADDRESS	3160 MAC ARTHUR BLVD. NORTHBROOK, IL 60062-
SUPERVISOR SIGNATURE	

CONTRACTOR*	
ADDRESS	
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
Judith Frydland, Commissioner

TYPE OF BUSINESS <u>PAC HOSPITAL</u> Other <u>MINUTE CLINIC</u> Name: <u>NORTHSHORE UNIVERSITY</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 checked="" type="checkbox"/> Planned Development/Manufacturing PMD/PD#: <u>1364</u> Zoning District: <u>OTHER</u> Other: <u>1364</u>	FINE 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>375</u> TOTAL AREA OF NEW SIGN (SQ.FT.) _____ <u>128</u> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) _____ <u>1</u> HEIGHT OF SIGN ABOVE GRADE (TO TOP) _____ <u>13ft 9in</u>	
DISTANCE OF CURB LINE OUTER EDGE (ft) _____ <u>9</u> DISTANCE OF STRUCTURE INNER EDGE (ft) _____ <u>8</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 Payee: _____ Landmark Hold: <input type="checkbox"/> Status: _____	
ZONING (OFFICE USE ONLY)	