



City of Chicago



Or2013-678

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	11/13/2013
Sponsor(s):	Foulkes (15)
Type:	Order
Title:	Issuance of permits for sign(s)/signboard(s) at 1734 W 47th St
Committee(s) Assignment:	Committee on Zoning, Landmarks and Building Standards

Committee on Zoning, Landmarks, and Building Standards

(Signs)

ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to: (Contractor's name and address)

Sign-O-Rama

6229 West Roosevelt Road

Chicago, Illinois 60402

for the erection of a sign/signboard over 24 feet in height and/or over 100 square feet (in area of one face) at: (Business Name & Address)

New Sparks Auto Parts

1734 West 47th Street

Chicago, Illinois 60609

Dimensions: Length 15'-0" Height 12'-0"
Height above grade/roof to top of sign 12'-0"
TOTAL SQUARE FOOT AREA: 180 square feet

Such sign(s) shall comply with all applicable provisions of TITLE 17 of the Chicago Zoning Ordinance and all other applicable provisions of the Municipal Code of the City of Chicago governing the construction and maintenance of outdoor signs, signboards and structures.



TONY L. FOULKES
Alderman, 15th Ward

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

08/16/2013 - Lisa Pusateri

DBA Name NEW SPARK AUTO PARTS
Location 1734 W. 47TH ST.
Zip Code 60609
Account Number 310298
Site Number 1
Area PERMIT
Permit Type BANNER
Permit Number ✂ 1106143

Next steps: Department of Buildings – Permit process for signs

Your Public Way Use permit number is shown above. This number is to be used for each item on your DOB application and is needed for the Buildings (DOB) online sign application located @ www.cityofchicago.org/buildings. All signs, canopies, banners, marquees and awnings require a buildings permit. Only a licensed sign erector may apply for the Buildings permit online. The Buildings permit application will ask for the Public Way Use permit number supplied above. For additional information please contact the Buildings Department at (312) 744-3400.

Please return the completed Public Way Use application to City Hall - 121 N. LaSalle Street, Chicago, IL 60602 Room 800. The completed application package must include a copy of the completed DOB application and the Public Way Use application. The Public Way Use application must contain the Alderman's signature, site plans on 8 1/2 X 11 paper, photos of the item(s), the signed Acceptance letter and a copy of the insurance certificate. For additional information please contact BACP at (312)-74-GOBIZ (312-744-6249).

Noted by Comm. the Date

APPLICATION TO USE THE PUBLIC RIGHT OF WAY



APPLICANT INFORMATION

LEGAL NAME OF ENTITY

Ramiro Lopez
New Stack Auto Parts Inc CR

PERMIT MAILING ADDRESS:

1734 W. 47th St

CITY:

Chicago

STATE

IL

ZIP CODE

60609

CONTACT PERSON:

Carmen Rivera

TITLE

Office

PHONE

773.376.1136

FAX

773.927.7410

E-MAIL

Stack.Warehouse@yahoo.com

USE OF THE PUBLIC WAY

1. List the proposed or existing use below and complete the worksheet on page 3
Use only one application per public way use type

TYPE

HOW MANY?

BUILDING ADDRESS

Flat sign

1

1734 W. 47th

2. Please enclose one sketch of proposed use of the public way, which maps to scale the proposed use and its relationship to surrounding right-of-way. All measurements must be indicated.

The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks).

APPLICANT CERTIFICATION

I hereby certify that all statements made as part of the application, and the attachments herein, are true to the best of my knowledge and belief.

BY

Ramiro Lopez

TITLE

Owner

F.E.I.N. or SOCIAL SECURITY NUMBER:

ALDERMAN'S APPROVAL

As part of this application process, you are required to notify/obtain approval from the Alderman in whose ward your proposed use of the public way is located

ALDERMAN'S SIGNATURE

WARD

DATE

x

Toric J. Foulkes (35th)

15

8/16/13





APPLICATION CHECKLIST (continued)

Acceptance Letter

ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
2. Upon the passage of the permit ordinance at City Council, pay the non-refundable applicable Grant of Privilege annual permit fee.
3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
4. Resolve all Account Holds since failure to do so will prevent the processing of this permit application;
5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection.

- I hereby agree to accept the terms and conditions relative to issuance of the permit.
- I agree to renew the Certificate of Insurance at least 10 days prior to expiration of the policy
- I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

I understand that failure to adhere to all conditions imposed in the permit may result in revocation of the permit.

SIGNATURE <i>Ramiro Lopez</i>	DATE <i>10-22-2013</i>
PRINT NAME <i>RAMIRO LOPEZ</i>	TITLE <i>PROPERTY OWNER</i>
F.E.I.N. or SOCIAL SECURITY NUMBER	
ACCOUNT #	SITE #
LEGAL NAME OF ENTITY <i>RAMIRO LOPEZ</i>	
BUSINESS NAME (DBA) <i>RAMIRO LOPEZ</i>	
BUSINESS LOCATION ADDRESS <i>1734 W 47th St</i>	
CITY <i>Chicago</i> STATE <i>Illinois</i>	ZIP CODE <i>60609</i>
BUSINESS PHONE <i>773 376-1136</i>	
E-MAIL <i>Ramiro@warehouse@yahoo.com</i>	PERMIT TYPE:





APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICATION WORKSHEET

- # For use by NEW APPLICANTS ONLY.
- % For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBIZ (744-6249)

Complete the worksheet for each use of the public way and indicate all applicable measurements

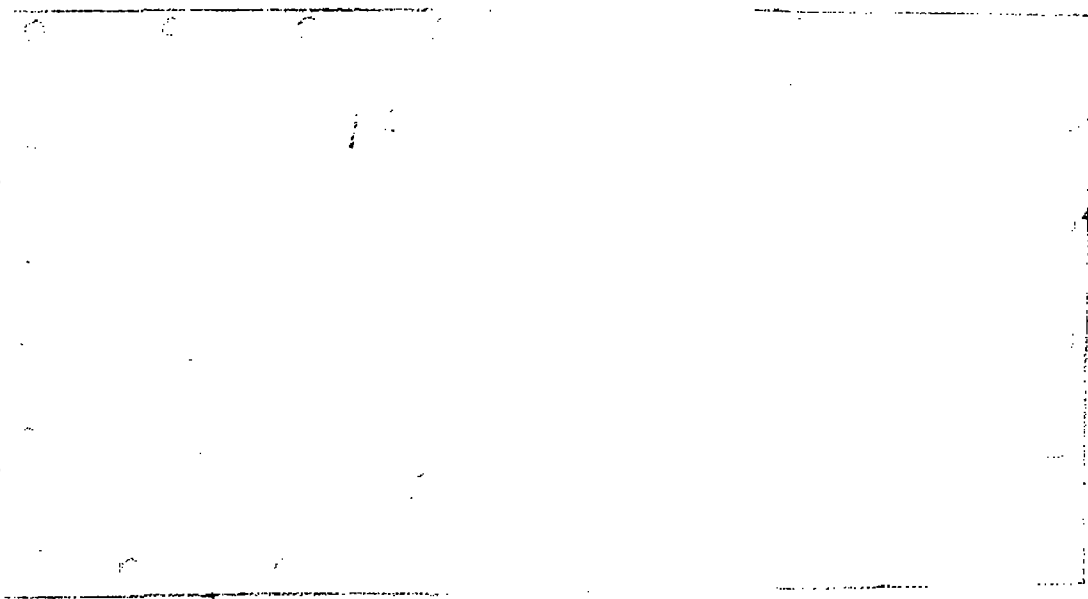
	Exact Street (i.e. S. State St.)	Quantity	Length of structure along public way	Height of structure	Depth of structure	Height above grade	Total depth over public way	Is this sign(s) Illuminated? (Y/N)	Is this an Existing Public Way Use (Y/N)
SIGNS	Hermitage	1	15' 12' 2"	12' 2"				N	Y
CANOPIES / AWNINGS									
LIGHTS									

See example of required plans beginning on the next page.

NOTE: Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.



12500 #77



From 12500 #77



Every 12500
The 12500
Number 12500

The 12500
Number 12500





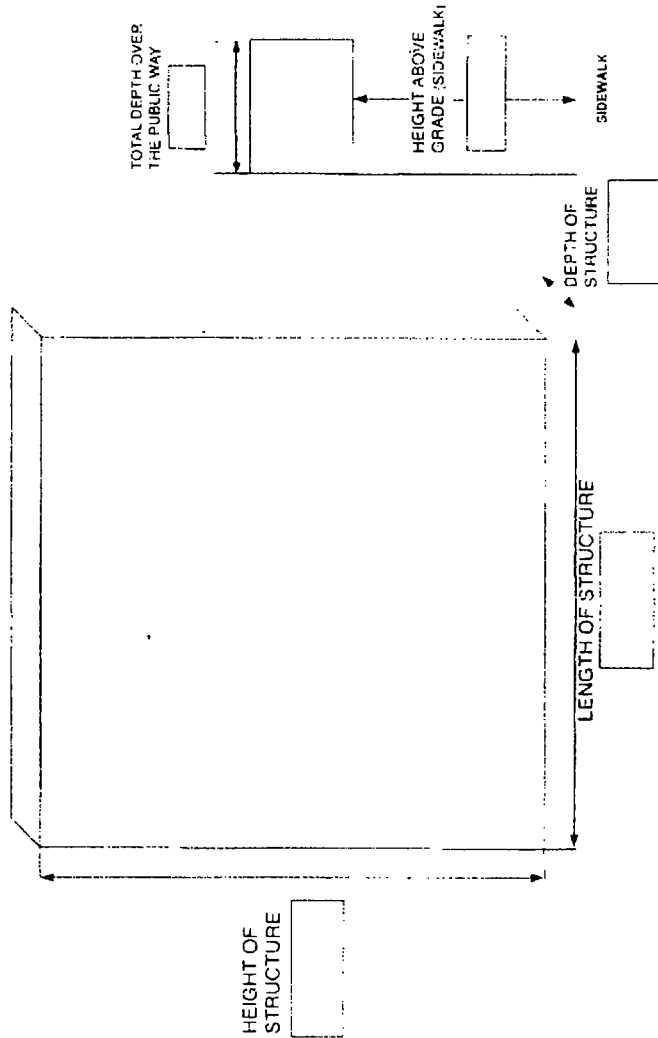
APPLICATION TO USE THE PUBLIC RIGHT OF WAY

EXAMPLE OF SIGN DRAWING

SIGN DRAWING

PROPERTY LOCATION _____

ORGANIZATION(S) NAME: _____





CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS & CONSUMER PROTECTION (BACP)
BUSINESS INFORMATION SHEET



Type of PRE-Application Business License Public Way Use
 Adding a new site Change of Locality Account # Site #

* PLEASE NOTE THAT PUBLIC WAY PERMITS AT YOUR OPTION MAY BE SUBJECT TO FINES, FEES AND PROOF OF REMOVAL'S REQUIRE

Business Entity Information

Type of Business Sole Proprietor Partnership LLC Corporation Non-Profit Trust Other **PROPERTY OWNER**

Legal Name of Business **RAMIRO LOPEZ**
 The exact legal name as it appears in the official business information documentation. In full name of the business owner, if it appears in the Sole Proprietor's document, used pay to ID.

"Doing Business As" Name **RAMIRO LOPEZ**
 If the business is an LLC, name as it appears in the Illinois Secretary of State's records. If the business is a Partnership, name as it appears in the Illinois Secretary of State's records. If the business is a Corporation, name as it appears in the Illinois Secretary of State's records. If the business is a Non-Profit, name as it appears in the Illinois Secretary of State's records. If the business is a Trust, name as it appears in the Illinois Secretary of State's records. If the business is a Sole Proprietor, name as it appears in the Sole Proprietor's document.

A State of Illinois File Number is **REQUIRED** for all Illinois and Non-Illinois based LLPs, LLPs, LLCs, Corporations, and Non-Profit Corps.
 State of Illinois File # **NA**
 Assigned by the Illinois Secretary of State at 230 S. Dearborn St., Suite 1240, (312) 793-3380 or @ www.cyberdrive-illinois.com/departments/business_services

A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.
 Employer Identification # _____
 Assigned by the Internal Revenue Service at 230 S. Dearborn St., (312) 566-4912 or (800) 829-4933, or @ www.irs.gov/businesses - Employer ID Numbers (EINs)

An Account ID Number is **REQUIRED** for ALL business entity types that conduct business in the state of Illinois or with Illinois customers.
 (formerly IBT #) IDOR Account ID # _____
 Assigned by the Illinois Department of Revenue at 100 W. Randolph St., (800) 732-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration

Public Way Use (PWU) Sign Awning Canopy Marquee Banner Sidewalk Cafe Other
 PWU Permit # _____ PWU Account # _____

Business Activity and Location

Business Activity **Auto Parts**

If selling goods, what type of sales? Retail (Consumers Only) Wholesale (Business to Business Only) Both

Business Site Address **1734 W 47th St**
 Street Number(s) **CHICAGO IL** Street Name **60609**
 City **Chicago** State **IL** ZIP Code **60609**

Square footage used by the business _____ Amount of employees at this site _____

Primary Contact Person **RAMIRO LOPEZ**
 First Name **RAMIRO** Last Name **LOPEZ**
 Contact Phone # **773 270 1130** Fax # **773 477 7410**
 Contact E-mail Address **RAMIRO.LOPEZ@RAMIROLOPEZ.COM**

PLEASE COMPLETE THE BACK SIDE OF THIS FORM AS WELL →

Owner and Officer Information (as required per 4-4-050)

Sole Proprietors are required to provide information about the individual who owns the business
Partnerships & Limited Partnerships are required to provide information about all the Partners of the organization
Limited Liability Companies are required to provide information about the organization's Members and any other shareholder(s) with a major beneficial interest
Corporations are required to provide information about the organization's President, Secretary and any other shareholder(s) with a beneficial interest.
Non-Profit Corporations are required to provide information about the organization's President and Secretary

Proof of identification may be required to complete the actual application.

Ownership % Title
 Sole Proprietor Partner President Managing Member Other: **Property owner**

First Name: **Ramiro** Middle Name: Middle Name Last Name: **LEPOZ**

Current Residential Address: **5100 S Marshfield Ave** Suite/Apt. #: Suite/Apt. # City: **Chicago IL** State: **IL** ZIP Code: **60607**

Home Phone: Home Phone Social Security Number: Social Security Number Date of Birth: Date of Birth Email Address: **park.warehouse@yahoo.com**

Secretary Partner Managing Member Other:

First Name: First Name Middle Name: Middle Name Last Name: Last Name

Current Residential Address: Current Residential Address Suite/Apt. #: Suite/Apt. # City: City State: State ZIP Code: ZIP Code

Home Phone: Home Phone Social Security Number: Social Security Number Date of Birth: Date of Birth Email Address: Email Address

Ownership % Title
 Vice President Member Other:

First Name: First Name Middle Name: Middle Name Last Name: Last Name

Current Residential Address: Current Residential Address Suite/Apt. #: Suite/Apt. # City: City State: State ZIP Code: ZIP Code

Home Phone: Home Phone Social Security Number: Social Security Number Date of Birth: Date of Birth Email Address: Email Address

Ownership % Title
 Treasurer Member Other:

First Name: First Name Middle Name: Middle Name Last Name: Last Name

Current Residential Address: Current Residential Address Suite/Apt. #: Suite/Apt. # City: City State: State ZIP Code: ZIP Code

Home Phone: Home Phone Social Security Number: Social Security Number Date of Birth: Date of Birth Email Address: Email Address

Ownership % Title
 Shareholder Other:

First Name: First Name Middle Name: Middle Name Last Name: Last Name

Current Residential Address: Current Residential Address Suite/Apt. #: Suite/Apt. # City: City State: State ZIP Code: ZIP Code

Home Phone: Home Phone Social Security Number: Social Security Number Date of Birth: Date of Birth Email Address: Email Address

Completed BIS forms may be submitted in-person at the address below, or by e-mail attachment at businesslicense@cityofchicago.org. Please do **NOT** include/send any payments with this pre-application.





CERTIFICATE OF LIABILITY INSURANCE

OP ID JT

DATE (MM/DD/YYYY)

10/23/13

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 Hunt Insurance Agency, Inc. 12000 S. Harlem Avenue Palos Heights IL 60463-1153 Phone: 708-361-5300 Fax: 708-361-5316	CONTACT NAME Lawrence K. Hunt, CIC, CRM PHONE 708-361-5300 FAX 708-361-5316 (A/C, No. Ext) E-MAIL lhunt@thehuntgroup.com ADDRESS
	PRODUCER CUSTOMER ID # LOPEZ-2 INSURER(S) AFFORDING COVERAGE INSURER A Society Insurance Company NAIC # 15261 INSURER B INSURER C INSURER D INSURER E INSURER F
INSURED Ramiro Lopez P.O. Box 32118 Chicago IL 60632	

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 POLICY OR ENDORSEMENT THEREON, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN TO THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN. THIS IS NOT A CONTRACT. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REPRODUCED FROM THE ORIGINAL POLICY.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> HOMEOWNERS <input checked="" type="checkbox"/> Business Owners <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER POLICY		X	BOP 532215	12/20/12	12/20/13	BODILY DAMAGE TO REAL PROPERTY \$ 1000000 BODILY DAMAGE TO PERSONAL PROPERTY \$ 100000 MEDICAL EXPENSE \$ 5000 PERSONAL AND ADJ. INJURY \$ AGGREGATE \$ 2000000 BODILY INJURY TO EMPLOYEES \$ 2000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> AUTO LIABILITY						BODILY DAMAGE TO REAL PROPERTY \$ BODILY DAMAGE TO PERSONAL PROPERTY \$ MEDICAL EXPENSE \$ PERSONAL AND ADJ. INJURY \$ BODILY INJURY TO EMPLOYEES \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> UMBRELLA						BODILY DAMAGE TO REAL PROPERTY \$ BODILY DAMAGE TO PERSONAL PROPERTY \$ MEDICAL EXPENSE \$ PERSONAL AND ADJ. INJURY \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH)						BODILY DAMAGE TO REAL PROPERTY \$ BODILY DAMAGE TO PERSONAL PROPERTY \$
							BUILDING 310000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule if more space is required)
 City of Chicago, its agents and employees are listed as additional insured in regards to the banner located at 1734 W. 47th Street.

CERTIFICATE HOLDER CHICT-2 City of Chicago Public Way Use Unit 121 N LaSalle - Room 800 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 
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