

## City of Chicago



Or2016-532

### Office of the City Clerk

### **Document Tracking Sheet**

**Meeting Date:** 9/14/2016

Sponsor(s): Lopez (15)

Type: Order

Title: Issuance of permits for sign(s)/signboard(s) at 1715 W 47th

St - Sign 2

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

CITY COUNCIL MEETING Introduced September 14, 2016

Ordered, that the Commissioner of Buildings is hereby authorized and directed to issue a sign permit to:

Modern Signs, Inc. 1727 Armitage Court Addison, IL 60101

For the erection of a sign/signboard over 24 feet in height and/or 100 square feet in the area of one facet at:

Huntington National Bank 1715 W. 47<sup>th</sup> Street Chicago, IL 60609

Dimensions: Length: 10 Ft Height: 8 Ft 6 Inches

Height above grade/roof to top of sign: 31 Ft 6 Inches

Total Square Foot Area: 85 Sq Ft

Gross Area of all proposed signs: 148 Sq Ft

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

Raymond Lope Alderman, 15<sup>th</sup> Ward

| City Council           |   |
|------------------------|---|
| Meeting Date:          | _ |
| Committee on Buildings |   |

(signs)

| ORDERED, That the Commissioner of Buildings is hereby directed to               |
|---------------------------------------------------------------------------------|
| issue a sign permit to: (Contractor's name and address)                         |
| MODERN SIGNS INC                                                                |
| 1727 ARMITHGE CT                                                                |
| ADDISON I. 60101                                                                |
| for the erection of a sign y signboard over 24 feet in height and / or over 100 |
| square feet (in area of one face) at: (Business NAME & ADDRESS)                 |
| HULLTINGTON NATIONAL BANK                                                       |
| 1715 W. 47th ST                                                                 |
| CHICAGO 60609                                                                   |
| Dimensions: Length 10 Height 8 6                                                |
| Height above grade Freef to top of sign3\'(o''                                  |
| TOTAL SQUARE FOOT AREA 85                                                       |
| 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                                        |
| Adders an 15 Ward                                                               |
|                                                                                 |



# DEPARTMENT OF BUILDINGS

## Aldermanic Acknowledgment Letter

| TO: Department of Building<br>121 North LaSalle Stre<br>Chicago, IL 60602 |                   | 0            | DATE:         |                   | , 20                         |
|---------------------------------------------------------------------------|-------------------|--------------|---------------|-------------------|------------------------------|
|                                                                           |                   |              |               |                   |                              |
| I am aware of the application                                             | on for a buil     | lding permit | at the follow | wing address      | . I have no objection to its |
| Address:1715                                                              | W                 | 47*          | St.           |                   |                              |
| Date of Application:                                                      | 9/13/             | 16           |               |                   |                              |
| Type of Permit:                                                           | SIGN              | <del></del>  | <del> </del>  |                   |                              |
| Signed: Aug (Alderman's full na                                           | me, printed or ty | ped)         |               | Ward:<br>Telephor | /5                           |



CITY OF CHICAGO + BACP-PWU BUNDLE PERMIT APPLICATION + V.12.18.12

## APPLICATION TO USE THE PUBLIC RIGHT OF WAY



| . APPLICANT INFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <ol> <li>List the proposed of<br/>Use only one application</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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Department of Business Affairs and Consumer Protection (BACP) - Business Assistance Center (BAC)

Public Way Use Unit (PWU) - City Hall, Room 800 - 121 North LaSalle Street, Chicago, Illinois 60602

Consuma Approximation - 312.74.GOBIZ (744.6249) - 312.742.1974 (TTY)

Page 7 of 13

## APPLICATION TO USE THE PUBLIC RIGHT OF WAY



#### APPLICATION WORKSHEET

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

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

| `                                | Exact Street<br>(i.e. S. State St.) | Quantity | Length of<br>structure along<br>public way | Height of structure | Depth of structure | े Height above<br>हो grade | Total depth over<br>public way | Is this sign(s) (Iluminated? (Y/N) | is this an Existing<br>Public Way Use<br>{Y/N} |
|----------------------------------|-------------------------------------|----------|--------------------------------------------|---------------------|--------------------|----------------------------|--------------------------------|------------------------------------|------------------------------------------------|
| 影響                               | 47th Sr                             | 1        | 6                                          | 8                   | 10'                | 31′                        | 6'3"                           | Y                                  | P                                              |
|                                  | 47 <sup>th</sup> 5r                 |          | 1'                                         | 10'                 | 10'                | 24                         | 2                              | Y                                  | P                                              |
| 388                              |                                     |          |                                            |                     |                    |                            |                                |                                    |                                                |
|                                  |                                     |          | [                                          |                     |                    |                            |                                |                                    |                                                |
| 188                              |                                     |          |                                            |                     | !                  |                            |                                |                                    |                                                |
| MAN                              |                                     |          |                                            |                     |                    |                            |                                |                                    |                                                |
| PRESI                            |                                     |          |                                            |                     |                    |                            |                                |                                    |                                                |
| HOYBBREADWANISS HUNDERSEDENDINGS |                                     |          |                                            |                     |                    | 1                          |                                |                                    |                                                |
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|                                  |                                     |          |                                            |                     |                    |                            |                                |                                    |                                                |
|                                  |                                     |          |                                            |                     |                    |                            | ·                              |                                    |                                                |

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.



EOI

Department of Business Affairs and Consumer Protection (BACP) · Business Assistance Center (BAC) Public Way Use Unit (PWU) - City Hall, Room 800 - 121 North LaSalle Street, Chicago, Illinois 60602 BUSINESS AFFARS A WWW.cityofchicago.org/bacp - 312.74.GOBIZ (744.6249) - 312.742,1974 (TTY)

Page 8 of 13

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#### CITY OF CHICAGO

## DEPARTMENT OF BUILDINGS

|                                                                                        |                                              | Sign Permit                        | Applicati                                | on                       | ** . **        |                        | • .              |               |
|----------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|------------------------------------------|--------------------------|----------------|------------------------|------------------|---------------|
| APPROVAL NUMBER                                                                        | APPLICATION NUMBER<br>100669263              | ANNUAL FEE                         | u                                        |                          | ORAWINGS YES   |                        |                  |               |
| DATE OF APPLICATION                                                                    | 09/13/2016                                   |                                    | TYPE OF SICIN                            | FLAT OR                  | BOX            |                        |                  |               |
| 1715 W 47TH ST, 606                                                                    | 09-                                          |                                    | UNITE                                    | ਜ<br>10                  | 18             | uk:cart                | rı<br>S          | :><br>6       |
| W, ILDING                                                                              | ORIGINAL PERMIT NUMBER                       |                                    | 42E+                                     | 50 rT<br>85              |                | <b>4.Fk.H</b> T        |                  | 25            |
| TYPE DE MINITURE NEW CON                                                               | STRUCTION (SIGN)                             |                                    | SGN HERBIT NAME                          | EGRADERIAN               | <u></u>        |                        |                  | FT 23         |
| PAYEE OF ASSOCIATE THE GRIFFIN, PATRICK 37 W BROAD ST COLUMBUS, OH 43215 (614)933-3939 |                                              |                                    | SHAPE OF SHIRE R SHAPE STEELS HUNTINGTON | EGULAR                   |                |                        |                  |               |
| SIGN MANUFACTURER PHILADELPHIA SIGNS                                                   |                                              |                                    | NO OF LAMPS                              |                          |                | POTAL WATTAN           | æ                |               |
| ADDRESS, WHERE HIGH CAN BE SEEN                                                        | POINT IN EXECTION                            |                                    | TOTAL OF LAMP                            | TPANNICHMIEN             |                | INPLT UF TO            | LANSFORMI PS     |               |
| TICKET NUMBER Ú                                                                        | ELNSATECTION CONTROL NUMBER                  |                                    |                                          |                          |                |                        |                  | ···           |
| <del></del>                                                                            | DLF.                                         |                                    | CONTRACTOR                               | WTEL INSTALL             | 7 7            | rEEDERS<br>CUSTOMFRILE | ADS              |               |
| SIGN HOADD SUPPORT MEMBERS                                                             | STEEL.                                       |                                    | IN PROF SWITCH                           |                          |                |                        |                  |               |
| ANNUAL FEE CONSTRUCTION FEE                                                            | 400.00                                       |                                    | LOCATION OF SAITCH                       |                          |                |                        |                  |               |
| 1017 B FEE<br>TOTAL FEE<br>AMOUNT PAID<br>BALANCE DUE                                  | 400.00                                       | heck # for DCAP                    | INSTALL TEN<br>OVER PUBLIC<br>REMOVED.   |                          |                |                        |                  | · <del></del> |
| Dor malersaries) , pen                                                                 | ty than the standarder on this anadication . | return and corner and that all and | i diane spile the termine                | transport with combiners | . a. de camire | وفافاك سادكه ريوضه     | anto Mone oral ( | - db-         |
|                                                                                        | REG NO                                       |                                    | 905H 80                                  |                          |                | <b>U</b> G 50          | N93              | 883           |
| ELHT CONS                                                                              |                                              |                                    | MODERN SIG                               | INS INC                  |                |                        | SIG              | NER           |
| ADDRESS .                                                                              |                                              |                                    | 1727 ARMITAGE CT ADDISON IL. 60101-      |                          |                |                        |                  |               |
| SUPERSTRUP OF SATERE                                                                   | -                                            |                                    | SIGNATURE                                | _                        |                | 1                      |                  | '             |

The permit couled in this application will authorize only signs here applied for . It other signs are to be executed they must be consent by additional permits

City of Chicago Rahm Emunuel, Mayor



Department of Buildings

Judith Frydland, Commissioner

ES\_PERM\_APP\_WEB RD0x0211 AP #:100669263 Page 1 of 2

| TYPE OF BUSINESS                                                   | SIGN BOND REQUIREDY YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
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| COM FINANCIAL Other. BANK                                          | COUNCIL ORDER REQUIRED X YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| Name. HUNTINGTON NATIONAL BANK LIC = NOT REQUIRED                  | Consideration of the constant | <del></del>         |
| Renewal Date.                                                      | IS SPECIAL PERMISSION REQUIRED FROM CHIEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ELECTRICAL          |
| Projects Over:                                                     | VES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| N Private Property                                                 | or water a travellar extra OF REQUIRET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| Y Public Way Grant Permit ≠ 1124531                                | IF YES A ITACH I FITTER OF REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>         |
| Planned Development/Manufacturing PMD/PD=:                         | TIME STAMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| Zoning District C1 Other. C1-1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| TYPE OF SIGN  ADVERTISING ILLUMINATE MOVEABLE                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| X BUSINESS FLASHING                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| TOTAL STREET FRONTAGE OF LOT ON FEET 60                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| FOTAL AREA OF NEW SIGN (SQ.FT.) 85                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| TOTAL AREA OF ALL SIGNS ON LOT (SQ FT ) 148                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                   |
| HEIGHT OF SIGN ABOVE GRADE (TO TOP) 31ft 6in                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| DISTANCE OF CURB LINE OUTER EDGE (A) 6                             | SIGN CLERK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | APPROVED FOR PERMIT |
| DISTANCE OF STRUCTURE INNER EDGE (0) 12                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| DISTANCE FROM (th):                                                | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| A PUBLIC PARK GIVER 19 ACRES; 500                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| B EXPRESSWAY (IF LESS THAN 1,000 FT.) 1,000                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| C RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| READ'                                                              | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
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| Original Payee:                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| Landmark Hold: Status:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| ZONING (OFFICE USE ONLY)                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| •                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
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| •                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
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| ·                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|                                                                    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |

ES\_PERM\_APP\_WEHRD060211 AP #.100669263 Page 2 of 2

#### SUPPLEMENTAL APPLICANT

This Supplemental Application must be completed and submitted along with the Sign Permit Application.

All fields must be completed. If a field is not applicable you must answer "n/a" in the field

|   |   | RTME<br>LDI | NT OF<br>NGS |
|---|---|-------------|--------------|
| * | * | *           | *            |

# SIGN PERMIT APPLICATION (THIS IS NOT A PERMIT)

| Application H   | tumber: 100 669 263 Oate at Application                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------|
| Address of pr   | roperty where sign will be erected: $1715 W 47^{15} S_{T}$                                                    |
| Does property   | y have multiple addresses? 🖸 Yes 🕱 Vo                                                                         |
| if yes, ple     | ease list all addresses.                                                                                      |
| is this buildin | n <b>g vacant?</b> □ Yes <b>nc</b> No                                                                         |
| If yes, is i    | it registered under the Vacant Building Ordinance? Registration #                                             |
|                 | Section 1 - Applicant                                                                                         |
| Applicant is ti | the Owner (of the real property)   Lessee (of the real property)   SIGN INSTALLE 2                            |
|                 |                                                                                                               |
|                 | er of Real Property: HUNTINGTON NATIONAL BANK                                                                 |
|                 | 37 W BROAD ST HP 1097 COLUMBUS CH 43215                                                                       |
| Phone #:        | 614-833-3939 Mobile #: Email: PATRICK . GRIFFIN E HUNTINGTON                                                  |
| Nume of Lesse   | e6 of Real Property:                                                                                          |
| Name:           | Address                                                                                                       |
| Phone #:        | Mobile #: Email:                                                                                              |
|                 | Section 2 - Contractors                                                                                       |
| Payer Compan    | ny of Annual Inspection Fee:                                                                                  |
| Name of         | Contact of Payer Company. POTRICE GRIFFIN                                                                     |
| Name of I       | Payer Company: HUNTINGTON NATIONAL BANK Address: 37 VV BROAD ST HP 1097                                       |
| Phone #:        | 614-833-3939 Mobile #: Email: PATRICK, GRIFFIN PHUTINGEN.                                                     |
|                 | tractor:                                                                                                      |
|                 | License #:                                                                                                    |
| Phone #:        | Mobile #: Fmail:                                                                                              |
| Website:        |                                                                                                               |
| Sign Erector:   | MUDERN SIGNS INC                                                                                              |
| Bond #: _       | 2483 5645 Registration #: N 93555                                                                             |
| Address: _      | 1727 ARMITAGE CT ADDISON 60101                                                                                |
| Phone #: (      | 630: 495-1725 Mobile #. Email: ERNIE @ MODERN SIGNS INC. CO.                                                  |
| Website: _      |                                                                                                               |
| Picture or rem  | dering must be attached depicting sign placement with before and after view. Section 2 continues on next page |

## CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

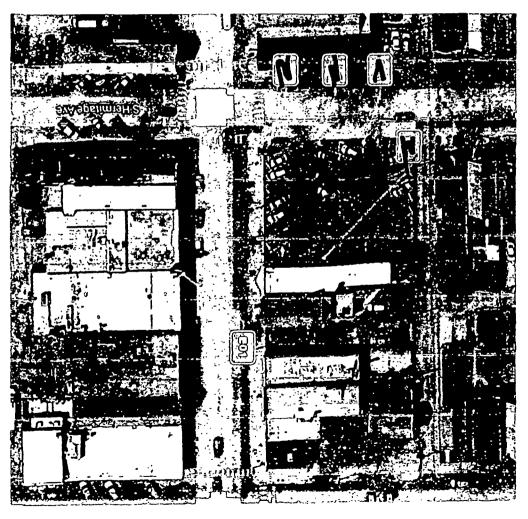
Section 3 continued

| Length: _                                            | 10          | Foo!                   | Inches                           | Holght:       | 8          | Coot      | 6        | Inches     | Depth-         | Cop!                 | Inches      |
|------------------------------------------------------|-------------|------------------------|----------------------------------|---------------|------------|-----------|----------|------------|----------------|----------------------|-------------|
| Area:                                                | 85          | Sq Ft.                 | Weight:                          | Z5_           | _lbs.      |           |          |            |                |                      |             |
| Snape of                                             | Sign: _     | RES                    | ular                             |               |            |           |          |            |                |                      |             |
| Sign Height at                                       |             | $\circ$                |                                  |               |            |           |          |            |                |                      |             |
| From Grad                                            | ie to Bo    | ottom of s             | sign or sign str                 | ucture, which | hever is   | lowest:   | 23       | Fl.        |                | ,                    |             |
|                                                      |             |                        | or sign 'structu                 |               |            |           |          |            |                |                      |             |
|                                                      |             |                        |                                  |               | i is iiigi | 'ESL      | <u> </u> | ' \.       |                |                      |             |
| Is City Cou                                          | uncil Or    | der requi              | red? * DZ Yes                    | □ No          |            |           |          |            |                |                      |             |
| •                                                    |             |                        | •                                |               |            | s of 24   | feet ab  | ove grade  | require a City | y Council Order pu   | irsuant to  |
|                                                      |             |                        | Municipal Co                     |               | _          |           |          |            |                |                      |             |
| Dimension of S                                       | Kgn Bo      | ಗಾರಗಳು ಘ               | erseart to Se                    | otton 17-12   | <u> </u>   | of the C  | h!==&=   | Zanlag ()  | rdinance:      |                      |             |
| Length: _                                            | <del></del> | Feet                   | Inches                           | Height: _     |            | .Feet     | 1        | nches      | Area:          | Sq Ft.               |             |
| Electrical Cont                                      | rastor      | riii insta             | di: Foeders: E                   | Tyes 🗷 No     | Cueto      | mọr Las   | de 🛚     | Auc M. Vi  | •              |                      |             |
| Number of                                            | Lamps       | :                      | Total V                          | Vattage:      |            | Typ       | e of La  | mp:        | <del></del>    |                      |             |
| Number of                                            | f Ballasi   | t∕Transfo              | mers:                            | Input         | of Trans   | formers   | ·        |            | •              |                      |             |
| Type of Sw                                           | ritch:      |                        | {                                | ocation of S  | witch:     |           |          |            |                |                      |             |
| Static: 2 Yes                                        | □ No        |                        |                                  |               |            |           |          |            |                |                      |             |
| Illuminated: 🗆                                       | Yes C       | ] No                   |                                  |               |            |           |          |            |                |                      |             |
| If yes - Ext                                         | ernal       |                        | Internal                         |               |            |           |          | •          |                |                      |             |
| Dynamic Image<br>(An affidavit of<br>Code of Chicago | complia     | y: 🗆 Yes<br>ance is re | □ No<br>equired for all          | dynamic ima   | age dist   | olay sigr | ns purs  | uant to Se | ection 13-20-  | 675(d)(2) of the     | Municipal   |
| Max Nits_                                            | <u> </u>    | _ Max Fo               | oot Candles _                    | Me            | essage '   | Time (S   | creen H  | lold):     | seconds        | 5                    | 1           |
|                                                      |             |                        | □ Yes □ No                       |               |            |           |          |            |                |                      |             |
| What is the                                          | e total (   | of the sig             | n face area de                   | evoted to dy  | namic ii   | mage di   | splay?   |            | Sq             | Ft.                  |             |
|                                                      |             |                        | Se                               | ction 4       | - Zon      | ing in    | form     | _          |                |                      |             |
| Zoning District                                      | or Plan     | way Dav                | ծիննածո <u>ւ</u> դ. <sup>_</sup> | <u> </u>      | _ ! _      |           |          |            |                |                      |             |
| Is sign located                                      | in a sp     | ecial sig              | n district? 🗆                    | Yes 🙇 No      |            |           |          |            |                |                      |             |
| If yes: 🗆 N                                          | Michigar    | n Avenue               | Comidor 🗆 O                      | ak Street Co  | orndor C   | State     | Street   | Wabash A   | wenue Cornd    | Or                   |             |
| Total Street fro                                     | ntage o     | f Zoning               | Lot: 6                           | <del>VI</del> |            |           | (FL)     |            |                |                      |             |
| Total Street fro                                     | w sign:     | 8                      | <u>?5</u> (s                     | iq Ft.) Gros  | s Area     | of all pr | opose    | i signs: _ | 148            | (Sq FL)              |             |
|                                                      |             |                        |                                  |               |            |           |          |            |                | GE TO BE K           | HOVED       |
|                                                      | Pletu       | re or ren              | dering must b                    | e attached    | depicti    | ng sign   | placen   | ent with   | before and a   | fter view.           |             |
|                                                      |             |                        | -                                |               |            |           |          |            | Se             | ction 4 continues or | i next page |

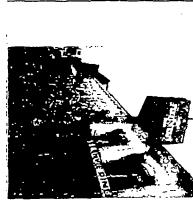
|   | . , | : | :<br>: | : | - : | ; | E01<br>E02<br>E03<br>E04<br>E05                                        |
|---|-----|---|--------|---|-----|---|------------------------------------------------------------------------|
|   | ;   |   | :      |   | · : |   | P0.2<br>P0.2<br>P0.3<br>P0.3                                           |
|   |     |   |        |   |     |   | HNT.CUST.RF HNT.CUST.RF HNT.DIR.6 HNT.DIR.6 HNT.DIR.6                  |
| : | :   |   |        |   |     |   | Rmy & Rapl<br>finy & Rapl<br>sany & Rapl<br>sany & Rapl<br>finy & Rapl |



PHILADELPHIASIGN LOCATION, HNT59120
West 47th St
1715 W 47th St
Chicago, IL



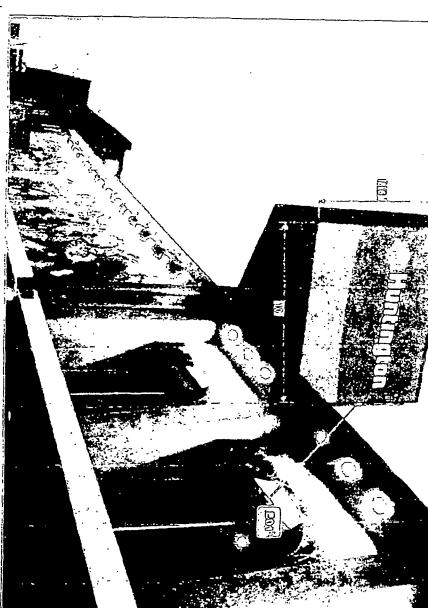
Proposed



8'6'H x 10'0'W x 1'10"0 Existing Sign Dimensions:

## Notes:

Paint lower fascia hand laserline.



PHILADELPHIANG NO COCATION: HINTS9120

CLIENT Wost 47th St 1715 W 47th St Chicago, IL HUNTINGTON - Tier D

DWG BY:

SHEET:

REVISION: 6.10.16 JHH Rev E01, E02, E03, E04, Rmv N01

Proposed

Trastale NEW FACES

Existing Sign Dimensions: 7:0°H x 7:4°W x 1:0°D x 17:10°DAH

Notes: Paint all guard rails and poles green.

EGG EGG 0 ्र

| DATE:<br>6/3/2016 | SHEET:             | P02          | DWG BY:                       |
|-------------------|--------------------|--------------|-------------------------------|
| ON - Tier D       | LOCATION, HNT58120 | West 47th St | 1715 W 47th St<br>Chicago, IL |
| ADELOHIACICA      | LOCATION, HNTS9120 |              | -                             |

| ₹                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHICINAL                       |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| ED.                                                  | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DRAWING                        |
| È                                                    | STEE STEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L Prils                        |
| 200                                                  | HANTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r r                            |
| NOS a                                                | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                              |
| NO.                                                  | Ě                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *                              |
| 50.00                                                | PARIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O FOR                          |
| HRIS IS<br>CREATED<br>SIGN II<br>COUR PI<br>CONJUNCT | HEIS IS AN INFUDITSHED CHEATED BY SIGN 17 IS SHOWN CHINA CHANGEN CHANG | BHILL<br>SUIGHIT<br>WAL<br>WIS |

REVISION: 6.10.16 JHH Rev E01, E02, E03, E04, Rmv N01

DRAWING NUMBER:

|   | CM 4:40 57 MICANE             | ċ        | 2        | Ē                | _  |
|---|-------------------------------|----------|----------|------------------|----|
|   | SIGN D E                      | Ē        | TIME     | IS SUBMITTED FOR | _  |
|   | ACIE PE                       | PEDSONAL |          | 3                | -  |
| _ | PUNCTION INCOME               | ž        | Ė        | ž                | ٠. |
| _ | PHILIDECT BELING PLANNIED FOR | ž        | ž        | IFO FO           |    |
|   | YOU BY PHILADELPHIA SIGH IT   | IADE     | 4114     | SIGN             | _  |
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| Zoning Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | p                                                                                                                                                             |                                                  |                                                                                            | Created on: 7/14/2016 3:                                           | 38 P.M. |  |  |
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| CECES CCCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               | LRS-3                                            | Jam J                                                                                      | Land                                                               | للسل    |  |  |
| 17750 UTXE (1785)<br>17750 TXEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                                                                                                                                                            | B3 2                                             | 1700 1702<br>1702<br>1700                                                                  | SHED<br>SHED<br>PAULIN                                             | 1300    |  |  |
| TOPS TOPS TOPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B 1 - 3                                                                                                                                                       | 1777) (C1-1                                      | 77.007 77.000 777.001                                                                      | B1-3 CC5                                                           |         |  |  |
| OTAS  OTAS | ences nassed OVS                                                                                                                                              | RS-3                                             | G7720 G7720<br>G7720 G7720                                                                 | (2745)<br>(2747)<br>(2745)<br>(2745)<br>(2745)<br>(2745)<br>(2745) |         |  |  |
| Address<br>1715 W 47TH ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                  |                                                                                            |                                                                    |         |  |  |
| Zoning  Business  Commercial  Manufacturing  Residential  Planned Development  Planned Manufacturing  Downtown Core  Downtown Service  Downtown Residential  Transportation  Parks & Open Space  Zoning Boundaries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Historic Preservati CHICAGO LANDMA Chicago Landmark Dist Chicago Historic R Survey - Buildings Domolition-Delay ( Red Orange  Water  Cemetery  Municipalities | ARKS marks tricts Resources subject to Ordinance | Lakefront Pedestrian Streets Buildings Parcels Streets Curbs Forest Preserve City Boundary |                                                                    |         |  |  |

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