



# City of Chicago



Or2014-567

Office of the City Clerk

## Document Tracking Sheet

<b>Meeting Date:</b>	11/5/2014
<b>Sponsor(s):</b>	O'Connor (40)
<b>Type:</b>	Order
<b>Title:</b>	Issuance of permits for sign(s)/signboard(s) at 5820 N Western Ave - 120 sq. ft.
<b>Committee(s) Assignment:</b>	Committee on Zoning, Landmarks and Building Standards

**Committee on Zoning, Landmarks, and Building Standards**

**(Signs)**

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

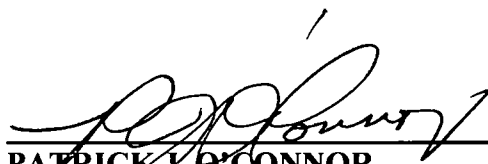
**Sign America**  
\_\_\_\_\_  
**2748 West Devon Avenue**  
\_\_\_\_\_  
**Chicago, Illinois 60645**  
\_\_\_\_\_

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

**The Body Shop Inc.**  
\_\_\_\_\_  
**5820 North Western Avenue**  
\_\_\_\_\_  
**Chicago, Illinois 60659**  
\_\_\_\_\_

**Dimensions: Length** 40 feet 0 inches **Height** 3 feet 0 inches  
**Height above grade/roof to top of sign** 9 feet  
**TOTAL SQUARE FOOT AREA:** 120 feet

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

  
\_\_\_\_\_  
**PATRICK J. O'CONNOR**  
**Alderman, 40th Ward**

# CITY OF CHICAGO DEPARTMENT OF BUILDINGS

## Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100537240	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------	---------------------------------	------------	-----------	----------------------------------------------------------------------------

DATE OF APPLICATION 04/22/2014	
ADDRESS OF SIGN 5820 N WESTERN AVE, 60659-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAYER OF ANNUAL INSPECTION NASTALY, RICK J. 5820 N. WESTERN AVE CHICAGO, IL 60659 (773)784-2650	
SIGN MANUFACTURER SIGN AMERICA	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION	
TICKET NUMBER 0	INSPECTION CONTROL NUMBER
TYPE OF SUPPORT FOR SIGN BUILDING	
SIGN BOARD SUPPORT MEMBERS STEEL	
ANNUAL FEE	
CONSTRUCTION FEE	200.00
1017 B FEE	
TOTAL FEE	200.00
AMOUNT PAID	200.00
BALANCE DUE	

TYPE OF SIGN AWNING					
LENGTH	FT. 40	IN.	HEIGHT	FT. 3	IN.
AREA	SQ. FT. 120	WEIGHT		LBS. 200	
SIGN HEIGHT ABOVE GRADE/ROOF					FT. 9
SHAPE OF SIGN REGULAR					
SIGN WILL READ THE BODY SHOP					
NO. OF LAMPS			TOTAL WATTAGE		
TYPE OF LAMP					
NO. OF BALLAST/TRANSFORMERS			INPUT OF TRANSFORMERS		
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> PERCEAS <input checked="" type="checkbox"/> CUSTOMER LEADS		
TYPE OF SWITCH N/A					
LOCATION OF SWITCH N/A					
SIGN LOCATION AWNING 5820 N-WESTERN AVE, CHICAGO, IL- 60659					

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

REQ. NO.	
ELECT. CONTR.	NO ELECTRICITY
ADDRESS	
SUPERVISOR SIGNATURE	

BOND NO.	REQ. NO.	N92276
SIGNER		SIGNER
SIGNER		SIGNER
ADDRESS 2748 W DEVON AVE CHICAGO XXX IL, 60645		
SIGNATURE <i>Sasha...</i>		

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

City of Chicago  
Rahm Emanuel, Mayor



Department of Buildings  
Felicia Davis, Commissioner

TYPE OF BUSINESS  
**COMMERCIAL** Other: **CAR BODY SHOP**  
 Name: **THE BODY SHOP INC**  
 LIC #:  
 Renewal Date: **02/15/2015**

SIGN BOND REQUIRED?  YES  
 COUNCIL ORDER REQUIRED  YES  
 IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL  YES

Projects Over:  
 Private Property  
 Public Way Grant Permit #. **1106835**  
 Planned Development/Manufacturing PMD/PD#  
 Zoning District **C1** Other: **C1-2**

IF YES, ATTACH LETTER OF REQUEST  
 TIME STAMP

TYPE OF SIGN:  
 ADVERTISING  ILLUMINATE  MOVEABLE  
 BUSINESS  FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) **120**  
 TOTAL AREA OF NEW SIGN (SQ. FT.) **120**  
 TOTAL AREA OF ALL SIGNS ON LOT (SQ. FT.) **300**  
 HEIGHT OF SIGN ABOVE GRADE (TO TOP) **12ft in**

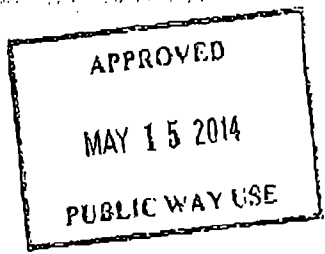
DISTANCE OF CURB LINE OUTER EDGE (ft) **15**  
 DISTANCE OF STRUCTURE INNER EDGE (ft) **15**

SIGN CLERK  
 APPROVED FOR PERMIT

DISTANCE FROM (ft):  
 A. PUBLIC PARK (OVER 10 ACRES) **0**  
 B. EXPRESSWAY (IF LESS THAN 1,000 FT) **0**  
 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) **0**

REMARKS

IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?  
 Original Payee:



Landmark Hold:  Status:

ZONING (OFFICE USE ONLY)

**CITY OF CHICAGO**  
**DEPARTMENT OF BUILDINGS**  
**Sign Permit Application**

APPROVAL NUMBER	APPLICATION NUMBER 100537240	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO													
DATE OF APPLICATION 04/22/2014		TYPE OF SIGN AWNING															
ADDRESS OF SIGN 5820 N WESTERN AVE, 60659-		LENGTH	FT. 99	IN. 6	HIGHT 3	FT. 3	IN. 0										
BUILDING	ORIGINAL PERMIT NUMBER	ARBA	SQ. FT. 299	WEIGHT	LBS. 200	SIGN HEIGHT ABOVE GRADE/ROOF FT. 9											
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)		SHAPE OF SIGN REGULAR															
PAYER OF ANNUAL INSPECTION NASTALY, RICK J. 5820 N. WESTERN AVE CHICAGO, IL 60659 (773)784-2650		SIGN WILL READ THE BODY SHOP															
SIGN MANUFACTURER SIGN AMERICA		NO. OF LAMPS		TOTAL WATTAGE													
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION		TYPE OF LAMP															
TICKET NUMBER 0		NO. OF BALLAST/TRANSFORMERS		INPUT OF TRANSFORMERS													
REINSPECTION CONTROL NUMBER		CONTRACTOR WILL INSTALL		<input checked="" type="checkbox"/> PSEDEALS <input checked="" type="checkbox"/> CUSTOMER LEAD													
TYPE OF SUPPORT FOR SIGN BUILDING		TYPE OF SWITCH															
SIGN BOARD SUPPORT MEMBERS STEEL		LOCATION OF SWITCH															
ANNUAL FEE		SIGN LOCATION AWNING & SIGN FACING EAST. 5820 N WESTERN AVE, CHICAGO, IL 60659															
CONSTRUCTION FEE 700.00		<table border="1"> <tr> <td>1017 B FEE</td> <td></td> <td rowspan="2">Check # for Zoning</td> </tr> <tr> <td>TOTAL FEE</td> <td>700.00</td> </tr> <tr> <td>AMOUNT PAID</td> <td>200.00</td> <td rowspan="2">Check # for DCAP</td> </tr> <tr> <td>BALANCE DUE</td> <td>\$ 500.00</td> </tr> </table>						1017 B FEE		Check # for Zoning	TOTAL FEE	700.00	AMOUNT PAID	200.00	Check # for DCAP	BALANCE DUE	\$ 500.00
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The undersigned certifies that the statements in this application are true and correct and that all work done under the approved permit will conform in the requirements of the Chicago Municipal Code

REG. NO.	BOND NO.	REG. NO.	N92276
ELECT CONTR	SIGN ERECTOR SIGN AMERICA	SIGNER	
ADDRESS	ADDRESS 2748 W DBVON AVE CHICAGO XXX IL, 60645		
SUPERVISOR SIGNATURE	SIGNATURE <i>Jashenoff</i>		

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

City of Chicago  
Rahm Emanuel, Mayor



Department of Buildings  
Felicia Davis, Commissioner

TYPE OF BUSINESS <b>COMMERCIAL</b> Other: <b>CAR BODY SHOP</b> Name: <b>THE BODY SHOP INC</b> LIC #: Renewal Date: <b>04/15/2015</b>	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input type="checkbox"/> YES IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST TIME STAMP
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way      Grant Permit #: <b>1106835</b> <input type="checkbox"/> Planned Development/Manufacturing      PMD/PD#: _____ Zoning District: <b>C1</b> Other: <b>C1-2</b>	
TYPE OF SIGN. <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) <b>100</b> TOTAL AREA OF NEW SIGN (SQ.FT.) <b>299</b> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) <b>400</b> HEIGHT OF SIGN ABOVE GRADE (TO TOP) <b>12ft 0in</b>	
DISTANCE OF CURB LINE OUTER EDGE (ft) <b>15</b> DISTANCE OF STRUCTURE INNER EDGE (ft) <b>15</b>	SIGN CLERK APPROVED FOR PERMIT
DISTANCE FROM (ft): 1. PUBLIC PARK (OVER 10 ACRES) _____ 2. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ 3. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____ IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN LEAD?  Original Payee: _____  Landmark Hold: <input type="checkbox"/> Status: _____	REMARKS
ZONING (OFFICE USE ONLY)	

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

05/24/2013 - Stan Adams

DBA Name THE BODY SHOP INC

Location 5820 N. WESTERN AVE.

Zip Code 60659

Account Number

Site Number 1

Area PERMIT

Permit Type AWN

Permit Number 1106835 ✓

**Next steps: Department of Buildings – Permit process for signs**

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

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

DEPARTMENT OF ZONING AND LAND USE PLANNING

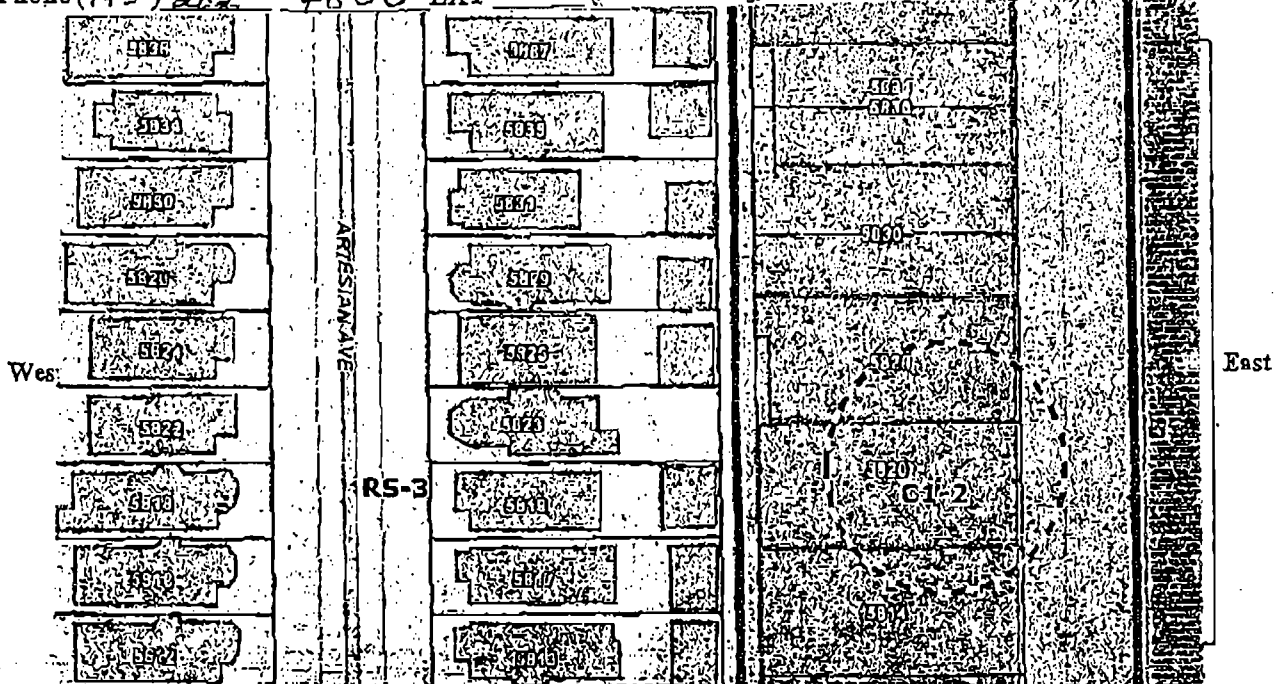
SIGN SITE PLAN

(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

Site Address: 5820 N. WESTERN AVE. CHICAGO, IL 60659 3 of 3 applications

Sign Company: Sign America Rep Name: Salim

Phone (773) 262-7800 EXT (Below: Building, streets and location of sign on lot or structure)



SIGN USE:

Bus. ID (On-premise)  Business Lice. #

TYPE OF SIGN:

Flat Wall  Freestanding  Awning  Marquee  High Rise Building  Projecting Private  Projecting Public Way  Public Use Permit #

SIGN CHARACTERISTICS:

Non-Illuminated  Illuminated  Changing Image  Video Display  Flashing

PERMIT TYPE:

New Construction  Change of Face  Previous Permit #

Public Use Permit # 1106835

DISTANCE FROM:

Curb Line: 15 FT Expressway, Toll Roads or Major Route (n/a if over 1000 ft) N/A Park (over 10 acres) N/A Residential Zone N/A Existing Off-premise on same side of street: N/A

TOTAL SQUARE FOOTAGE:

Square footage of this proposed sign 120 Gross area of all proposed signs 300 Area of all existing signs (not including proposed) on Zoning Lot 300 Sq Ft

Signature: [Handwritten Signature]

Date: 4-21-14





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> BYRNE, BYRNE & COMPANY 120 SOUTH LASALLE STREET CHICAGO, IL 60603 Clyde Patterson	Phone: 312-346-2150 Fax: 312-346-4637	<b>CONTACT NAME:</b> Clyde Patterson
		<b>PHONE (A/C, No., Ext.):</b> 312-456-2889 <b>FAX (A/C, No.):</b> 312-346-4637 <b>E-MAIL ADDRESS:</b> clydep@byrnebyrne.com
<b>INSURED</b> The Body Shop-Western Ave., Inc. 5820 N. Western Avenue Chicago, IL 60659	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Cincinnati Insurance Co.	<b>NAIC #</b> 10677
	<b>INSURER B:</b> Carolina Casualty Insurance Co	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		EPP0004133	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (66 occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Emp Ben. \$ XXXXXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG						
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			EPP0004133	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 0						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	BNUWCD126095	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 The City of Chicago, its agents and employees, are listed as additional insureds in regards to the driveway, awning and flagpole at 5820 N. Western Avenue, Chicago, IL

<b>CERTIFICATE HOLDER</b>  CITYO-3  Chicago Dept. of Transportation Driveway Permits 121 N. LaSalle St., Room 905 Chicago, IL 60602	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**CITY OF CHICAGO**

**LICENSE CERTIFICATE**

NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING LICENSE IS HEREBY GRANTED TO

NAME: **THE FOOD STORE WESTBROOK, INC.**  
ADDRESS: **700 WESTBROOK AVE.**  
CITY: **CHICAGO, ILL. 60659**

LICENSE NO:

FEE: \$440.00

THIS LICENSE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS MADE BY THE APPLICATION, FEE, AND LAWS OF THE CITY OF CHICAGO AND THE STATE OF ILLINOIS. IT IS VALID FOR THE TERM SPECIFIED HEREON AND IS NOT TO BE TRANSFERRED TO ANY OTHER PERSON OR ENTITY. THE LICENSEE SHALL BE RESPONSIBLE FOR THE PROPER MAINTENANCE AND OPERATION OF THE BUSINESS OPERATED UNDER THIS LICENSE. THE LICENSEE SHALL BE SUBJECT TO THE INSPECTION AND REGULATION OF THE CITY OF CHICAGO AND THE STATE OF ILLINOIS. THIS LICENSE IS VALID ONLY IN THE CITY OF CHICAGO.

ARTIST: **STANLEY MUNDY**  
EXPIRES: **12/31/2014**

ISSUED TO: **R. L. [Signature]**  
ADDRESS: **7723 S. SIMPSON**

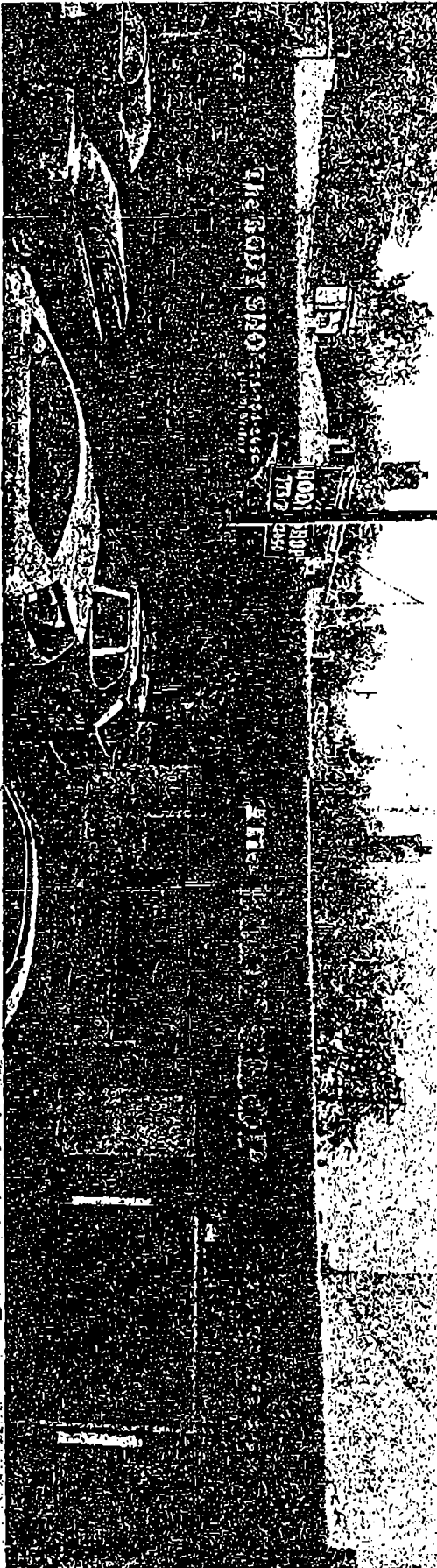
ISSUED TO: **Stanley Mundy**  
CITY CLERK

ISSUED TO: **THE FOOD STORE WESTBROOK, INC.**



773-784-2650  
773-784-1805  
1005 S. [unclear]  
4/12/14

**AWNING - 99'.6" W X 3' H FOR THE BODY SHOP  
5820 N WESTERN AVE, CHICAGO, IL: STREET VIEW:**



Signature for Sign America.

Sign Manufacturer:-



**Sign AMERICA**

"Reliable & Dependable for 12 years"

7748 W. Devon Ave,  
Chicago, IL 60645  
Tel: 773 262-7800  
Fax: 773 262-7898  
Email: [info@signamerica.com](mailto:info@signamerica.com)  
[www.signamerica.com](http://www.signamerica.com)



### APPLICANT INFORMATION

LEGAL NAME OF ENTITY: THE BODY SHOP OF WESTERN AVE, INC  
 PERMIT MAILING ADDRESS: 5880 N. WESTERN AVE  
 CITY: CHICAGO STATE: IL ZIP: 60659  
 CONTACT PERSON: VAL MITEV TITLE: OWNER  
 PHONE: 773-784-2650 FAX: 773-784-1805 E-MAIL: THEBODYSHOPOFCHICAGO@YAHOO.COM

### PROPERTY OWNER INFORMATION

NAME: VALERI MITEV  
 ADDRESS: 5880 N. WESTERN AVE  
 CITY: CHICAGO STATE: IL ZIP: 60659

### USE OF THE PUBLIC WAY

- List the proposed or existing use(s) below, and complete the worksheet on page 3. Use only one application for all public way use type.

TYPE	HOW MANY?	BUILDING ADDRESS
<u>FLAG POLE</u>	<u>1</u>	<u>5880 N. WESTERN AVE, CHICAGO IL 60659</u>
<u>AWNING</u>	<u>1</u>	<u>5880 N. WESTERN AVE, CHICAGO IL 60659</u>

- Please enclose one sketch of proposed use of the public way, which maps to scale the proposed use and its relationship to surrounding right-of-way. All measurements must be indicated.
- All "No Fee" items require a \$50 application fee. Please remit with application.
- "No Fee" items are listed in the price list on page 6.
- The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks).

### APPLICANT CERTIFICATION

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

BY: VALERI MITEV TITLE: OWNER  
 F.E.I.N. or SOCIAL SECURITY NUMBER: \_\_\_\_\_

### ALDERMAN'S APPROVAL

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

ALDERMAN'S SIGNATURE: [Signature]  
 DATE: 5-17-13 WARD: 40

