



# Office of the City Clerk



Or2013-158

Office of the City Clerk

## City Council Document Tracking Sheet

<b>Meeting Date:</b>	3/26/2013
<b>Sponsor(s):</b>	Mell, Richard F. (33)
<b>Type:</b>	Order
<b>Title:</b>	Issuance of permits for sign(s)/signboard(s) at 4730 N Kimball Ave
<b>Committee(s) Assignment:</b>	Committee on Zoning, Landmarks and Building Standards

Committee on Buildings

(signs)

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

LIBERTY FLAG, BANNERS, FLAGPOLES, INC.

4740 NORTH CUMBERLAND AVENUE

CHICAGO, ILLINOIS 60656-4239

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)

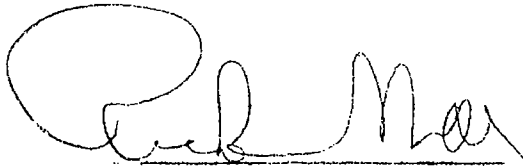
4730 N KIMBALL AVE, Chgo IL 60625  
Chicland Multifamj DST, A Delaware Trust/Kimball  
Station Apartments.

Dimensions: length 10' height 25'

height above grade/roof to top of sign \_\_\_\_\_

TOTAL SQUARE FOOT AREA 250 SQFT

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.



Alderman, Ward 33  
Mel

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

APPROVAL NUMBER	APPLICATION NUMBER 100460520	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION:	10/01/2012
ADDRESS OF SIGN:	4730 N KIMBALL AVE. 60625-
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT	NEW CONSTRUCTION (SIGN)
PAYER OF ANNUAL INSPECTION	PERUN, BARBARA 2901 BUTTERFIELD RD OAK BROOK, IL 60523 (630)586-6442
SIGN MANUFACTURER	CREATIVE EDGE
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION:	
TICKET NUMBER	REINSPECTION CONTROL NUMBER
TICKET NUMBER	0
TYPE OF SUPPORT FOR SIGN	BUILDING
SIGN BOARD SUPPORT MEMBERS	NONE
ANNUAL FEE	
CONSTRUCTION FEE	700.00
1017 B FEE	
TOTAL FEE	700.00
AMOUNT PAID	200.00
BALANCE DUE	\$ 500.00

TYPE OF SIGN:	FLAT OR BOX					
LENGTH	FT.	IN.	HEIGHT	FT.	IN.	
	10	0		25	0	
AREA	SQ. FT.	WEIGHT		LBS.		
	250			110		
SIGN HEIGHT ABOVE GRADE/ROOF				FT.		
				20		
SHAPE OF SIGN:	REGULAR					
SIGN WILL READ	KIMBALL STATION					
NO. OF LAMPS			TOTAL WATTAGE			
TYPE OF LAMP						
NO. OF BALLAST TRANSFORMERS			RATIO OF TRANSFORMERS			
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS			
TYPE OF SWITCH						
LOCATION OF SWITCH						
SIGN LOCATION						ATTACH VINYL BANNER TO BUILDING WALL

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

ELECT CONTR	REG NO
ADDRESS	
SUPERVISOR SIGNATURE	

BOND NO	REG NO	N93138
SIGNER/ECTOR	LIBERTY FLAG	
SIGNER		
ADDRESS	4740 N. CUMBERLAND AVE. CHICAGO XXX IL. 60656-	
SIGNATURE	<i>[Signature]</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  
 Michael Merchant, Commissioner

TYPE OF BUSINESS <b>RESIDENTIAL</b> Other: _____ Name: _____ LIC #: _____ Renewal Date: _____	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input checked="" type="checkbox"/> YES
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way      Grant Permit #: _____ <input type="checkbox"/> Planned Development/Manufacturing      PMD/PD#: _____ Zoning District: <b>B3</b> Other: _____	IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	TIME STAMP
TOTAL STREET FRONTAGE OF LOT (LN FEET)      60 TOTAL AREA OF NEW SIGN (SQ.FT.)      250 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.)      1 HEIGHT OF SIGN ABOVE GRADE (TO TOP)      45ft 0in	SIGN CLERK APPROVED FOR PERMIT
DISTANCE OF CURB LINE OUTER EDGE (ft)      15 DISTANCE OF STRUCTURE INNER EDGE (ft)      25	REMARKS
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES)      _____ B. EXPRESSWAY (IF LESS THAN 1,000 FT.)      _____ C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY)      _____ IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?  Original Payee: _____  Landmark Hold: <input type="checkbox"/> Status: _____	(Empty space for remarks)
ZONING (OFFICE USE ONLY)	

Client#: 32271

INLAPRI

**ACORD™****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/14/2013

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> <b>L. Price Team</b> <b>Mesirow Insurance Services</b> <b>353 N. Clark Street Suite 1200</b> <b>Chicago, IL 60654</b>	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext): 312 595-6200</b>	<b>FAX (A/C, No):</b>	
<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b>  <b>Inland Private Capital Corporation</b> <b>2901 Butterfield Road</b> <b>Oak Brook, IL 60523</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: Federal Insurance Company</b>		<b>20281</b>
	<b>INSURER B: Lexington Insurance Company</b>		<b>19437</b>
	<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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>COCUR</b>			99475951	10/01/2012	10/01/2013	<b>EACH OCCURRENCE</b> \$1,000,000 <b>DAMAGE TO RENTED PREMISES (Per occurrence)</b> \$1,000,000 <b>MED EXP (Any one person)</b> \$Excluded <b>PERSONAL &amp; ADV INJURY</b> \$1,000,000 <b>GENERAL AGGREGATE</b> \$2,000,000 <b>PRODUCTS - COMP/OP AGG</b> \$1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b> <input type="checkbox"/> <b>H-RED AUTOS</b>						<b>COMBINED SINGLE LIMIT (Per accident)</b> \$ <b>BODILY INJURY (Per person)</b> \$ <b>BODILY INJURY (Per accident)</b> \$ <b>PROPERTY DAMAGE (Per accident)</b> \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>OCOCUR</b> <input checked="" type="checkbox"/> <b>CLAIMS-MADE</b> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$0</b>			93641888	10/01/2012	10/01/2013	<b>EACH OCCURRENCE</b> \$5,000,000 <b>AGGREGATE</b> \$5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <b>ANY PROPRIETOR/PAIANT/INVESTIVE EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> <b>WC STAT L</b> <input type="checkbox"/> <b>OTH</b> <input type="checkbox"/> <b>TORY LIMITS</b> <input type="checkbox"/> <b>EB</b> <b>E L EACH ACCIDENT</b> \$ <b>E L DISEASE - EA EMPLOYEE</b> \$ <b>E L DISEASE - POLICY LIMIT</b> \$
B	<b>Property</b> <b>Special / RC</b> <b>Agreed Amount</b>			015048964	10/01/2012	10/01/2013	<b>\$100,000,000 Bkt Limit</b> <b>\$25,000 Deductible</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Kimball Station Apartments 4720 North Kimball, Chicago, IL 60625

Named Insured: Chicagoland Multifamily DST

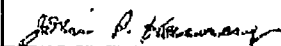
Certificate issued as evidence of coverage.

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Coverage

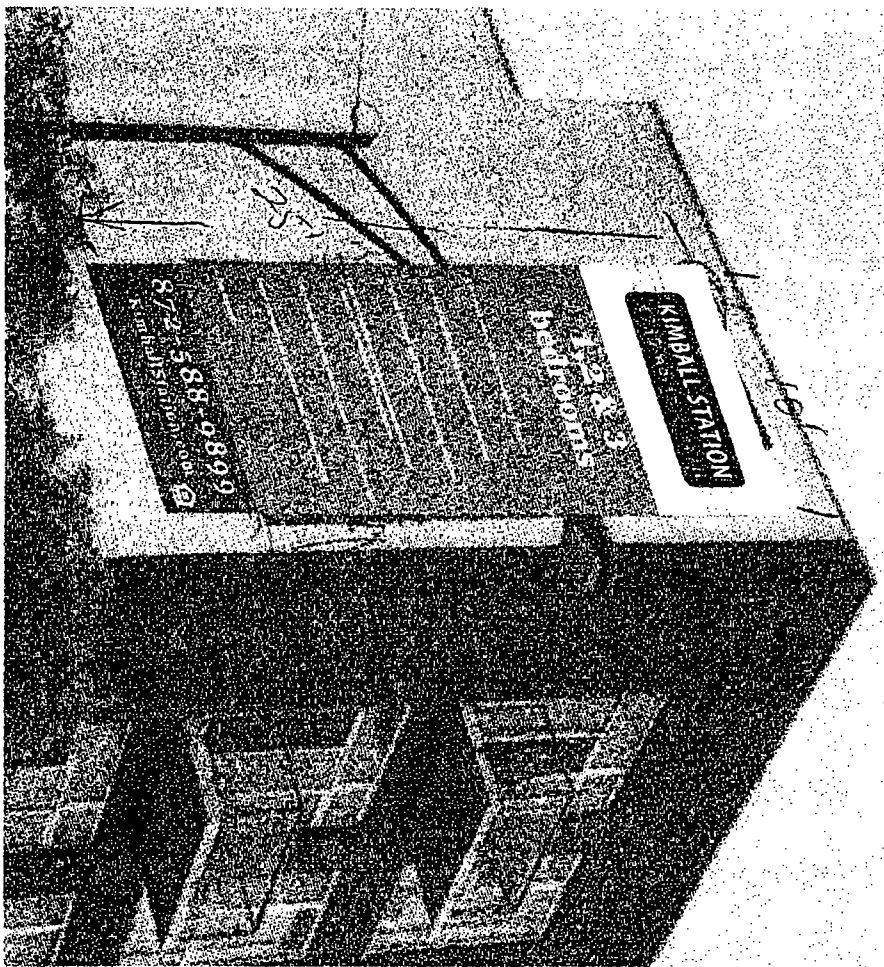
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



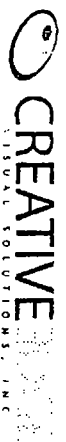
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# Kimball Station Banner



Art Not to Scale

1 - 10' x 25' Banner secured to brick  
4730 N. Kimball Ave., Chicago



1414 Armour Blvd., Suite A - Mundelein, IL 60060  
p: (847) 962-5151 - f: (847) 850-5371  
andrew@CreativeEdgeChicago.com  
[www.CreativeEdgeChicago.com](http://www.CreativeEdgeChicago.com)

Client Name: xxx  
Location: 4730 N. Kimball Ave.  
Proof Date: 08/13/12 Version: v1  
Requested By:  
Client Approval:  
Date of Approval:

**PLEASE NOTE:**  
Prices DO NOT include tax freight or installation where applicable unless noted.  
Standard production time is 7-10 business days from a signed approval.  
You are the last person to approve your project. It is your responsibility to proof your project carefully. Creative Edge Visual Solutions, Inc. is not responsible for errors that are overlooked during the proofing process.