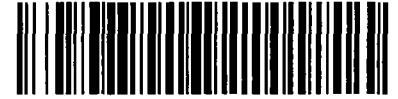




# City of Chicago



Or2017-298

Office of the City Clerk

## Document Tracking Sheet

<b>Meeting Date:</b>	6/28/2017
<b>Sponsor(s):</b>	Zalewski (23)
<b>Type:</b>	Order
<b>Title:</b>	Issuance of permits for sign(s)/signboard(s) at 6500 W 65th St
<b>Committee(s) Assignment:</b>	Committee on Zoning, Landmarks and Building Standards

CITY COUNCIL  
COMMITTEE ON ZONING, LANDMARKS AND BUILDING STANDARDS

COUNCIL ORDER

RE: Approval of sign over 100 square feet in area or over 24 feet above grade

ORDERED, that the City Council hereby approves the following sign application submitted by:

Applicant\*: Concentra

(\* The Applicant is the owner of the real property or the business tenant of the real property. Do not list the sign contractor, sign erector, sign company or advertising entity in the above space.)

This Order approves the following sign in accordance with Municipal Code of Chicago Section 13-20-680:

Address of Sign: 6500 W 65th St Chicago, IL 60638

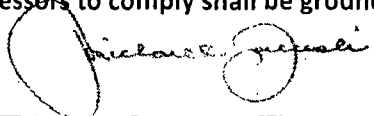
Zoning District: M1-1

DOB Sign Permit Application #: 100710495

Sign Details:

1. On-premise  OR Off-premise
2. Static sign  OR Dynamic-image display sign
3. Number of sign faces 1
4. Projecting over the public way N (Yes or No) If yes, Public Way Use #: \_\_\_\_\_
5. Dimensions: Length 38 feet 3 inches Height 3 feet 6 inches  
Total square feet in area: 134 feet \_\_\_\_\_ inches
6. Height above grade: 11 feet \_\_\_\_\_ inches
7. Elevation (side of building or lot where the sign will be erected): South
8. Name of Sign Contractor/Erector: My Sign Guy

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

  
\_\_\_\_\_  
Alderman

23  
Ward



# APPLICATION TO USE THE PUBLIC RIGHT OF WAY

## APPLICANT INFORMATION

LEGAL NAME OF ENTITY: Concentra

PERMIT MAILING ADDRESS: 30800 Telegraph Rd Suite 3000 Bingham Farms MI 48025

CITY: Bingham Farms STATE: MI ZIP CODE: 48025

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: 248-761-3554 FAX: \_\_\_\_\_ E-MAIL: MarcuJackson@concentra.com

## BUILDING OWNER INFORMATION

NAME: Rent - LLC

ADDRESS: 6400 WEST 65TH STREET

CITY: Chicago STATE: MI ZIP CODE: 60638

PHONE: 708-552-2722 FAX: \_\_\_\_\_ E-MAIL: VFLASKA@GLOUD.COM / JACKC@HOISTLIFT.COM

## USE OF THE PUBLIC WAY

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

TYPE	HOW MANY?	BUILDING ADDRESS
<u>Sign</u>	<u>2</u>	<u>6500 W 65th St</u>

- Please enclose one sketch of each proposed use of the public way, which maps to scale the proposed use(s) and its relationship to surrounding right-of-way. All measurements must be indicated. The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks).

## APPLICANT CERTIFICATION

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

BY: Marcus Jackson TITLE: \_\_\_\_\_  
*Signature*

## ALDERMAN'S APPROVAL

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

ALDERMAN'S SIGNATURE: *Richard E. Jones*

DATE: 6-9-17 WARD: 23

Approval shall not be withheld for any reason relating to the language, content or message contained in or implied by the sign, canopy, awning, banner or marquee for which the permit is sought. If aldermanic signature indicating approval is not received by BACP within 60 days of submission of the application to the alderman then, provided the application is complete and accurate and the applicant is not in violation of any pertinent provision of the Municipal Code, the application shall be deemed approved by the BACP and processed for submission to the City Council as a Special Introduction.

Approve Reason(s): \_\_\_\_\_

Do Not Approve Reason(s): \_\_\_\_\_





# APPLICATION CHECKLIST (continued)

Acceptance Letter

## ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-26 and 13-20 regulations, as well as all the additional requirements promulgated herein:

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

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
  2. Upon the passage of the permit ordinance at City Council, pay the non-refundable applicable Grant of Privilege annual permit fee.
  3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
  4. Resolve all Account Holds since failure to do so will prevent the processing of this permit application;
  5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;
- I hereby agree to accept the terms and conditions relative to issuance of the permit.
  - I agree to renew the Certificate of Insurance at least 10 days prior to expiration of the policy.
  - I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

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

SIGNATURE: William D. Demianczyk DATE: 6/5/2017  
 PRINT NAME: William D. Demianczyk TITLE: Vice President

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

ACCOUNT #: \_\_\_\_\_ SITE #: \_\_\_\_\_  
 LEGAL NAME OF ENTITY: Concentra Health Services, Inc.  
 BUSINESS NAME (DBA): Concentra Medical Centers  
 BUSINESS LOCATION ADDRESS: 16500 West 65th Street  
 CITY: Chicago STATE: Illinois ZIP CODE: 60638  
 BUSINESS PHONE: 972-364-8000  
 E-MAIL: \_\_\_\_\_ PERMIT TYPE: Sign





# APPLICATION TO USE THE PUBLIC RIGHT OF WAY

## APPLICATION WORKSHEET

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

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

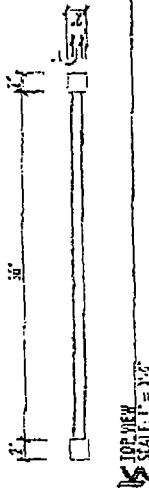
	Exact Street (i.e. S. State St.)	Quantity	Length of structure along public way	Height of structure	Depth of structure	Height above grate	Total depth over public way	Is this sign(s) illuminated? (Y/N)	Is this an Existing Public Way Use (Y/N)
SIGNS	6900 W 69 <sup>th</sup> St	2	2"	18"	3'	3'	3'	N	N
CANOPIES / AWNINGS									
LIGHTS									

See example of required plans beginning on the next page.

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

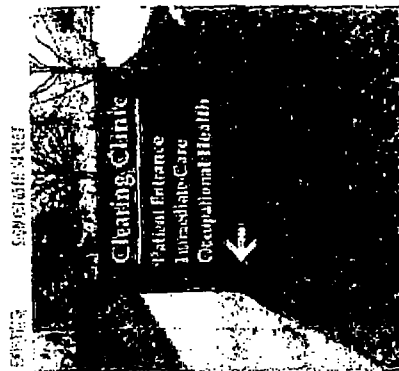
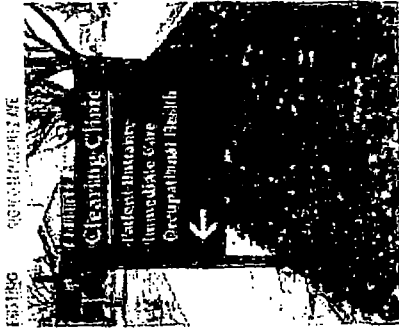
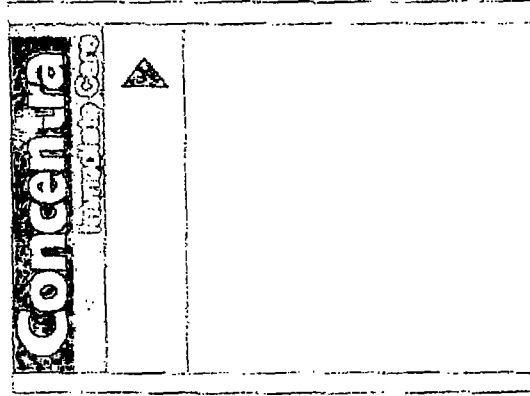
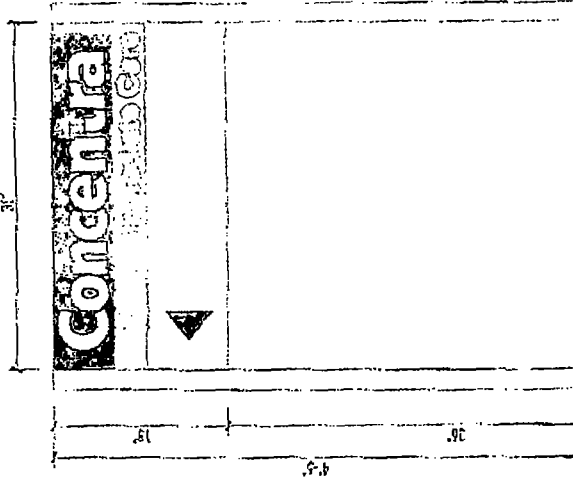


ITEM	DESCRIPTION	QUANTITY	UNIT
TOP BRGD. & BRDN	3/8" x 1 1/2"	1	PC
BOTM BRGD. & BRDN	3/8" x 1 1/2"	1	PC
COPY		02	WHITE



**GENERAL DESCRIPTION**

2" SQ. TUBE ALUMINUM POSTS W/ 1/2" TUBE ALUMINUM PERIMETER TRAIL & 603 ALUMINUM FACES PD. INX3172 SILVER EUROPEAN METALLIC APPLIED VIBR. GRAPHICS. DIRECT BURN IN PLACE OF EXIST NG SIGNS



**DOUBLE-FACE DIRECT BURN SIGN AS REQUIRED**

1-3/4" x 1-1/2" = 2.250 FT

ITEM	DESCRIPTION	QUANTITY	UNIT
TOP BRGD. & BRDN	3/8" x 1 1/2"	1	PC
BOTM BRGD. & BRDN	3/8" x 1 1/2"	1	PC
COPY		02	WHITE

ITEM	DESCRIPTION	QUANTITY	UNIT
TOP BRGD. & BRDN	3/8" x 1 1/2"	1	PC
BOTM BRGD. & BRDN	3/8" x 1 1/2"	1	PC
COPY		02	WHITE

**Kieffer | Startite**  
 National Sign Manufacturers and Consultants  
 7823 Pinecrest Street, Denver, CO 80231-1847, Tel: 303.381.0122, Fax: 303.381.0123, www.kiefferstartite.com

