



City of Chicago



Or2014-417

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	9/10/2014
Sponsor(s):	Burke (14)
Type:	Order
Title:	Issuance of permits for sign(s)/signboard(s) at 5460 S Archer Ave - 134 sq. ft.
Committee(s) Assignment:	Committee on Zoning, Landmarks and Building Standards

Committee on Zoning, Landmarks, and Building Standards

(Signs)

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

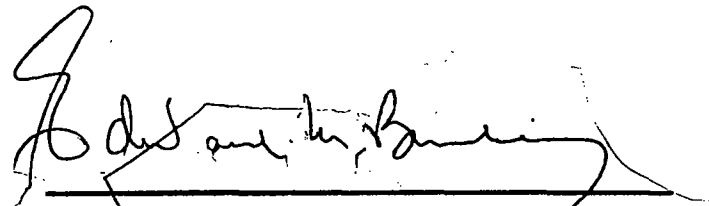
Olympic Signs
1130 N. Garfield
Lombard, IL 60148

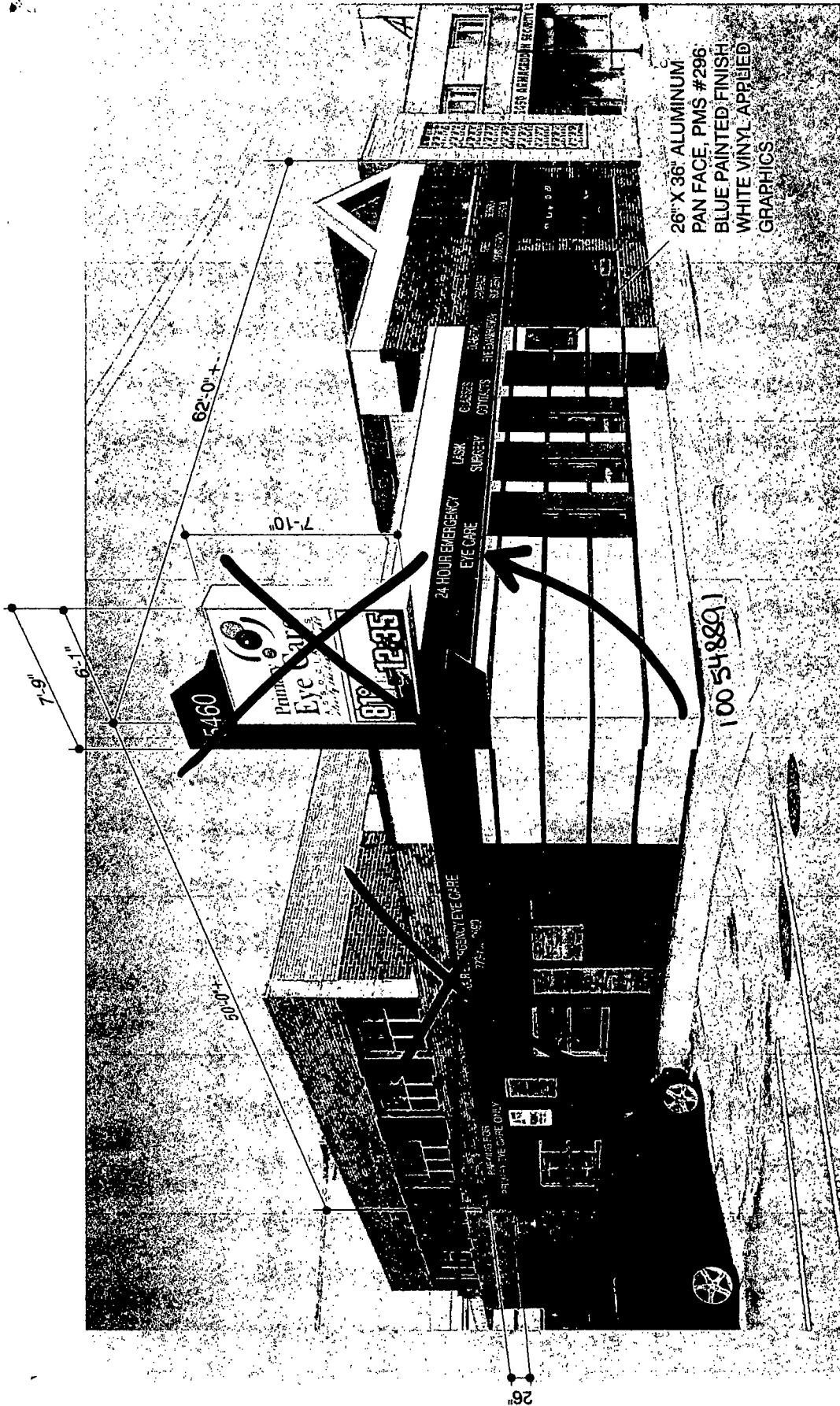
for the erection of a sign/signboard over 24 feet in height and/or over 100 square feet (in area of one face) at: (Business Name & Address)

Primary Eye Care Permit #100548891
5460 S. Archer Ave.
Chicago, IL 60638

Dimensions: Length 62' **Height** 2'-2"
Height above grade/roof to top of sign 11'
TOTAL SQUARE FOOT AREA: 134

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 Burke - Ward 14



26" X 36" ALUMINUM
 PAN FACE, PMS #296
 BLUE PAINTED FINISH
 WHITE VINYL APPLIED
 GRAPHICS



Primary Eye Care
 5460 S ARCHER AV. CHICAGO, IL

account representative / client
 L GOTTFRIED

1130 N. Garfield
 Lombard, IL 60148 Ph.# 630.424.6100

job#: 13-5160
 4-29-13
 rev.# 6-24-14

Customer's Signat
 Comments:

drawn by
 JOHN W

OLYMPIC SIGNS

WWW.OLYSIGNS.COM

THIS IS AN ORIGINAL UNPUBLISHED DRAWING SUBMITTED IN CONNECTION WITH A PROJECT WE ARE PLANNING FOR YOU. THIS IS NOT TO BE COPIED, REPRODUCED, EXHIBITED OR SHOWN TO ANYONE OUTSIDE OF YOUR ORGANIZATION WITHOUT THE WRITTEN PERMISSION OF OLYMPIC SIGNS, INC. ARTWORK IS EXCLUSIVE PROPERTY OF OLYMPIC SIGN INC.

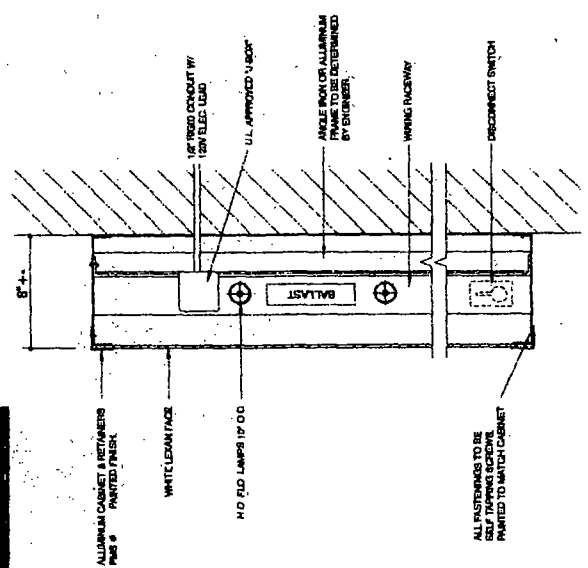


Small, illegible text or markings at the bottom center of the page.

11/10/05 1588861 #101



CONTINUOUS S/E INT. H.O. F.O. ILLUMINATED BAND DISPLAY 3'16" = 1'-0"



SIDE VIEW DETAIL NTS

Primary Eye Care
5480 S ARCHER AV. CHICAGO, IL
630-424-6100

account representative / client
L. GOTTFRIED
1130 N. Grant Field
Lombard, IL 60148
630-424-6100

OLYMPIC SIGNS
THIS IS AN ORIGINAL, UNREPRODUCED SIGN. ANY REPRODUCTION OF THIS SIGN IS NOT TO BE CONSIDERED A VIOLATION OF ANY RIGHTS OR INTERESTS OF THE SIGNAGE COMPANY. THE SIGNAGE COMPANY IS NOT RESPONSIBLE FOR THE CONTENTS OF ANY SIGNAGE.

Date: _____
Customer's Signature: _____
Comments: _____
Job #: 13-5180
4-29-13
104.# 6-24-14

WWW.OLYMPICSIGNS.COM





CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100548891	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION 07/06/2014	
ADDRESS OF SIGN 5460 S ARCHER AVE, 60638-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAYER OF ANNUAL INSPECTION PRIMARY EYE CARE, 5460 S ARCHER AVE CHICAGO, IL 60638 (773)735-6090	
SIGN MANUFACTURER OLYMPIC SIGNS	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION	
TICKET NUMBER 0	REINSPECTION 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 FLAT OR BOX					
LENGTH	FT 62	IN 0	HEIGHT	FT 2	IN 2
AREA	SQ. FT. 134		WEIGHT	LBS. 700	
SIGN HEIGHT ABOVE GRADE/ROOF					FT. 9
SHAPE OF SIGN REGULAR					
SIGN WILL READ 24 HOUR EMERGENCY EYE CARE					
NO. OF LAMPS 5			TOTAL WATTAGE 780		
TYPE OF LAMP FLUORESCENT					
NO. OF BALLAST/TRANSFORMERS 3			INPUT OF TRANSFORMERS 120		
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> N FEEDERS <input checked="" type="checkbox"/> Y CUSTOMER LEADS		
TYPE OF SWITCH SPECIAL					
LOCATION OF SWITCH OUTSIDE SIGN					
SIGN LOCATION SOUTH ELEVATION: ILLUMINATED SIGN BAND DISPLAY "24 HOUR EMERGENCY EYE CARE"					

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.

REG. NO.	E69270
ELECT CONTR	OLYMPIC SIGNS, INC.
ADDRESS	1130 N. GARFIELD LOMBARD, IL 60148
SUPERVISOR SIGNATURE	

BOND NO.	REG. NO.
	N91822
SIGN ERECTOR	OLYMPIC SIGNS INC.
ADDRESS	1130 N. GARFIELD LOMBARD IL, 60148
SIGNATURE	

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 <u>COMMERCIAL</u> Other: <u>EYE CARE</u> Name: <u>PRIMARY EYE CARE</u> LIC #: <u>STATE LICENSE</u> Renewal Date: _____	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
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way Grant Permit #: <u>1113947</u> <input type="checkbox"/> Planned Development/Manufacturing PMD/PD#: _____ Zoning District: <u>B3</u> Other: _____	TIME STAMP
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input checked="" type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) <u>187</u> TOTAL AREA OF NEW SIGN (SQ.FT.) <u>134</u> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) <u>334</u> HEIGHT OF SIGN ABOVE GRADE (TO TOP) <u>11ft 2in</u>	
DISTANCE OF CURB LINE OUTER EDGE (ft) <u>10</u> DISTANCE OF STRUCTURE INNER EDGE (ft) <u>10</u>	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) <u>1,000</u> B. EXPRESSWAY (IF LESS THAN 1,000 FT.) <u>1,000</u> C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) <u>60</u>	REMARKS
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Payee: _____ Landmark Hold: <input type="checkbox"/> Status: _____	
ZONING (OFFICE USE ONLY)	

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

COPY

07/03/2014 - Stan Adams

DBA Name PRIMARY EYE CARE ASSOCIATES

Location 5460 S. ARCHER AVE.

Zip Code 60638

Account Number 264190

Site Number 1

Area PERMIT

Permit Type SIGN

Permit Number 1113947

Next steps: Department of Buildings – Permit process for signs

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

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