



Office of the Chicago City
Clerk



Or2012-102

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date: 2/15/2012

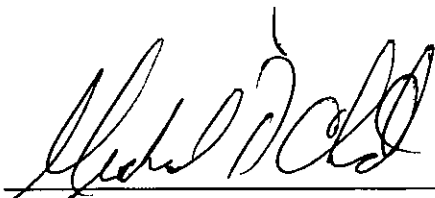
Sponsor(s): Chandler, Michael D. (24)

Type: Order

Title: Grant(s) of privilege in public way for Moran Foods Inc.,
d.b.a. Save-A-Lot

Committee(s) Assignment: Committee on Transportation and Public Way

ORDERED, That the Commissioner of Transportation is hereby authorized and directed to grant permission to Moran Foods Inc., d/b/a Save-A-Lot, 420 South Pulaski Road, to use the public way at 420 South Pulaski Road, for the erection of an electronic sign at an existing public way use location.



MICHAEL D. CHANDLER
Alderman, 24th Ward

BEST NEON SIGN COMPANY

6025 South New England
CHICAGO, ILLINOIS 60638

(773) 586-2700

V# 5307386

DATE

INVOICE NO.

1/19/2012

41899

BILL TO:

Save-A-Lot
Attn: LeAnn Horton
100 Corporate Office Drive
Earth City, MO 63045

P.O. NUMBER	TERMS	PROJECT
	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	RE: SAVE-A LOT 420 S. PULASKI RD. CHICAGO, IL SKETCH FOR PROJECTING OVER THE PUBLIC WAY FOR ABOVE LOCATION.		
	TOTAL COST	85.00	85.00
Thank you for your business.		TOTAL AMOUNT DUE	\$85.00

ELECTRICAL SIGN PERMIT

Run Date: 12/19/2007



CITY OF CHICAGO DEPARTMENT OF CONSTRUCTION AND PERMITS BUREAU OF ELECTRICAL INSPECTION

PERMIT FOR ELECTRIC SIGN

Sign District:

PERMIT NO. 100213517

PRIORITY	DATE ISSUED	SIGN ADDRESS	LOCATION OF SIGN
	December 14, 2007	420 S PULASKI RD	
ERECTOR: BEST NEON SIGN CO 6025 S. NEW ENGLAND AV CHICAGO X, IL 60638		CONTRACTOR NAME SIGNER	REG. NO. N90352
ELECTRICAL: BEST NEON SIGN CO. 6025 S. NEW ENGLAND AVE. CHICAGO, IL 60638-		ELECT	E20553
			CONTRACTOR PHONE (773)586-2700 (773)586-2700 X

PAYOR NAME	PAYOR PHONE NUMBER	BUILDING PERMIT APP.
GERRY WESSEL 420 S. PULASKI ROAD CHICAGO, IL 60624	(217)766-1497	

PERMIT TYPE	NEWSGN	VIOLATION ICN.	0	MANUFACTURER	BEST NEON SIGN CO
SIGN TYPE	FLAT	TICKET NO.		DRAWING APPROVAL	16598
SHAPE OF SIGN	REGULA	TOTAL FEE	\$253.00	TEST LABORATORY NO.	E213792

SIGN READS: "SAVE-A-LOT"

JOB DESC: DOUBLE FACE SIGN-1 SIDE= 72 SQUARE FEET
STEVE GOLDWEIG 847-987-1661

NORTHEAST CORNER OF LOT.

DESCRIPTION OF SIGN									
LENGTH	HEIGHT	WEIGHT	AREA	NO. OF LAMPS	BULB TYPE	TOTAL WATTAGE	SIGN SUPPORT	HGT. + GRADE	SUPPORT MEMBERS
12' 0"	6' 0"	425	144	12	FLUOR	1020	POLE	12	STEEL

SWITCH INFORMATION		TRANSFORMER	
TYPE	LOCATION	NUMBER	INPUT
KNIFE	OUTSID	3	110

NOTICE TO SIGN ERECTOR AND ELECTRICAL CONTRACTOR

Permission is hereby granted the above contractors to do the work on the Sign as described hereon, at the location shown above. All work is to be done in accordance with the ordinances of the City of Chicago

This permit may be revoked at any time for violation of said ordinance in connection with the work herein authorized.

TIME LIMIT

If after the permit has been issued, the work called for by such permit has not begun within 12 months subsequent to the date of issuance of the permit, said permit shall be null and void and no work shall be started until such time as a new permit has been issued.

Richard L. Rodriguez
Executive Director
Department of Construction and Permits

BEST NEON SIGN CO
6025 S. NEW ENGLAND AV
CHICAGO X IL 60638



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 10-28 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: [Signature] DATE: 2-13-2012
 PRINT NAME: JOHN W. SCOTT TITLE: REGIONAL MERCHANDISE MANAGER

ACCOUNT #: _____ SITE # 259
 LEGAL NAME OF ENTITY: MORAN FOODS INC.
 BUSINESS NAME (DBA): SAUC-A-LOT
 BUSINESS LOCATION ADDRESS: 420 S. PULASKI RD.
 CITY: Chicago STATE: Illinois ZIP CODE: 60624
 BUSINESS PHONE: 773-533-1690
 E-MAIL: JOHN.W.SCOTT@SAUC-A-LOT.COM PERMIT TYPE: SIGN PERMIT





APPLICANT INFORMATION

LEGAL NAME OF ENTITY: MOLAN FOODS INC.
 PERMIT MAILING ADDRESS: 420 S. PULASKI RD.
 CITY: CHICAGO STATE: IL ZIP: 60624
 CONTACT PERSON: JOHN W. SCOTT TITLE: REGIONAL MERCHANDISE MANAGER
 PHONE: 913-952-4377 FAX: 816-399-4669 E-MAIL: JOHN.W.SCOTT@SAVE-A-LOT.COM

PROPERTY OWNER INFORMATION

NAME: MOLAN FOODS INC DBA SAVE-A-LOT
 ADDRESS: 100 CORPORATE OFFICE DR.
 CITY: GREEN CITY STATE: MO ZIP: 63045

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>SIBV</u>	<u>1</u>	<u>420 S. PULASKI RD. CHICAGO, IL 60624</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: [Signature] TITLE: REGIONAL MERCHANDISE MANAGER
 FEIN 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: Michael P. Chandler 24
 DATE: 1-16-12 WARD: _____





APPLICATION WORKSHEET

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

DIMENSIONS OF PUBLIC WAY USE WORKSHEET

Use for all public way encroachments except canopies, signs (including marquees) and sidewalk cafés.

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

Exact Street (i.e. S. State St.)	Quantity	Length	Width	Depth	Height	Height below or above grade	Is this an Existing Public Way Use (Y/N)
420 S. Pulaski Road	1	12'	12'	18"	6'	12	Y

Describe in detail how the public way is to be used together with the description of location.

YEAR* BUILDING WAS CONSTRUCTED:

* Buildings built before 1923 must provide documentation.

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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/04/2011

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).

PRODUCER Marsh USA Inc 333 South 7th Street, Suite 1600 Minneapolis, MN 55402-2400 Attn: MinneapolisCertRequest@marsh.com fax: 212-948-0700 067800-SUPER-GL-11-12 859	CONTACT NAME: _____	
	PHONE (A/C No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Old Republic Insurance Co		24147
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CHI-004170898-27 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000,000 SIR <input checked="" type="checkbox"/> Erodes Each Occ Limit GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC		MWZY59237	08/01/2011	08/01/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ -0- PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CITY OF CHICAGO, IT'S OFFICERS, EMPLOYEES AND AGENTS AND MORAN FOODS, DBA SAVE-A-LOT ARE INCLUDED AS ADDITIONAL INSURED AS RESPECTS THE SAVE-A-LOT STORE #859 LOCATED AT 420 SOUTH PULASKI, CHICAGO, IL 60624

CERTIFICATE HOLDER CITY OF CHICAGO DEPARTMENT OF TRANSPORTATION ROOM 803, CITY HALL CHICAGO, IL 60602	CANCELLATION 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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BEST NEON SIGN COMPANY

6025 South New England
CHICAGO, ILLINOIS 60638

(773) 586-2700

DATE 1/19/2012 INVOICE NO. 41899

BILL TO:

Save-A-Lot
Attn: LeAnn Horton
100 Corporate Office Drive
Earth City, MO 63045

P.O. NUMBER	TERMS	PROJECT
	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
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Thank you for your business.		TOTAL AMOUNT DUE	\$85.00

PAID
 PAID DATE 2/11/12
McChesler

Refer Correspondence to: SUPERVALU INC
57990-2 P.O. Box 20 Boise ID 83726

BEST NEON SIGN COMPANY

Vendor ID: 5307386

Check Date: 1/27/12

Check Number: 05572001

Location	Doc Type/Loc#	Doc No	Ref No	Comments	Disc Amt	Net Amt
05937		41899		DRAWINGS FOR A SIGN	0 00	85 00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN BLUE. DO NOT ACCEPT UNLESS BLUE.

SUPERVALU INC
P.O. Box 20
Boise, ID 83726

SUPERVALU

Wachovia Bank N.A.
Chapel Hill, NC 27514

Check Date 01/27/2012

Vendor ID 5307386

66-156/531

Check Number 05572001

Pay Exactly

\$85.00***

EIGHTY FIVE DOLLARS AND NO CENTS

To the order of
BEST NEON SIGN COMPANY
6025 S NEW ENGLAND
CHICAGO, IL 60638-0000

Void After 90 Days

SUPERVALU INC

BY

Sherry Smith

Authorized Signature

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

SUPERVALU INC
P.O. Box 20
Boise, ID 83726

BEST NEON SIGN COMPANY
6025 S NEW ENGLAND
CHICAGO, IL 60638-0000



**NEW 6'x12' SIGN ON EXISTING POLE
EXTENDING OVER PUBLIC ROW**



BEST NEON SIGN CO.	
SCALE NO SCALE	SK. NO. PERMSAV
CUSTOMER SAVE A LOT	
JOB ADDRESS 420 S. PULASKI	
CITY CHICAGO	STATE IL.
ARTIST TC	DATE
SALES APPROVED	DATE
CUSTOMER APPROVAL:	

PLEASE NOTE: By signing the approval box on this sketch, I understand that I am accepting all aspects of this drawing. This includes artwork, specifications, dimensions, spelling and any other representations herein. I also understand that color reproductions on this sketch are approximate, and may not match manufactured product exactly.