



City of Chicago



O2013-9166

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	11/26/2013
Sponsor(s):	Cappleman (46)
Type:	Ordinance
Title:	Issuance of permits for sign(s)/signboard(s) at 4700 N Marine Dr
Committee(s) Assignment:	Committee on Zoning, Landmarks and Building Standards

ORDINANCE

Be it ordained by the City of Chicago:

Section 1. That the Commissioner of Buildings is hereby authorized and directed to issue a sign permit to M-K Signs, Inc., 4900 N. Elston Avenue, Chicago, IL 60630, for the election of a sign/signboard over 24 feet in height and / or 100 square feet (in area of one face) at Lakeshore Medical Center 4700 Marine Drive, Chicago, Illinois with the dimensions, height and square foot area:

EAST ELEVATION

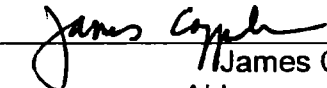
Dimensions: length: 25'8" height: 9'0"

Height above grade to top of sign: 94'0"

Total Square foot area: 231 square feet

Not with standing any provisions of Title 17 of the Municipal Code, of the City of Chicago (the Chicago Zoning Ordinance) to the contrary, the Commissioner of Buildings is hereby directed and authorized to issue a sign permit to the address referenced within this ordinance.

Section 2. This ordinance shall be in force and effect from and after its passage and due publication.



James Cappleman
Alderman, 46th Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100500942	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF APPLICATION 07/23/2013		TYPE OF SIGN FLAT OR BOX		
ADDRESS OF SIGN 4700 N MARINE DR, 60640-		LENGTH	FT. 25	IN. 8
BUILDING	ORIGINAL PERMIT NUMBER	HEIGHT	FT. 9	IN. 0
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)		AREA	SQ. FT. 231	WEIGHT
PAYER OF ANNUAL INSPECTION ORTIZ, ANTHONY 401 N. MICHIGAN AVENUE CHICAGO, IL 60611 (773)545-4444		SIGN HEIGHT ABOVE GRADE/ROOF		LBS. 900
SIGN MANUFACTURER M-K SIGNS, INC.		SHAPE OF SIGN REGULAR		
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION		SIGN WILL READ LAKESHORE MEDICAL CENTER		
TICKET NUMBER 0	REINSPECTION CONTROL NUMBER	NO OF LAMPS 24	TOTAL WATTAGE 3240	
TYPE OF SUPPORT FOR SIGN BUILDING		TYPE OF LAMP FLUORESCENT		
SIGN BOARD SUPPORT MEMBERS STEEL		NO OF BALLAST/TRANSFORMERS 4	INPUT OF TRANSFORMERS 120	
ANNUAL FEE _____		CONTRACTOR WILL INSTALL <input checked="" type="checkbox"/> FEEDERS <input type="checkbox"/> CUSTOMER LEADS <input type="checkbox"/>		
CONSTRUCTION FEE _____ 200.00		TYPE OF SWITCH KNIFE		
1017 B FEE _____		LOCATION OF SWITCH OUTSIDE SIGN		
TOTAL FEE _____ 200.00		SIGN LOCATION LAKESHORE MEDICAL CENTER EAST ELEVATION		
AMOUNT PAID _____ 200.00				
BALANCE DUE _____				

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.	E05834	BOND. NO.	E05834
ELECT CONTR M-K SIGNS, INC.	ELECTR	SIGN ERECTOR M-K SIGNS, INC.	SIGNER
ADDRESS 4900 N. ELSTON AVE CHICAGO, IL 60630		ADDRESS 4900 N. ELSTON AVE. CHICAGO IL, 60630	
SUPERVISOR SIGNATURE:		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
Michael Merchant, Commissioner

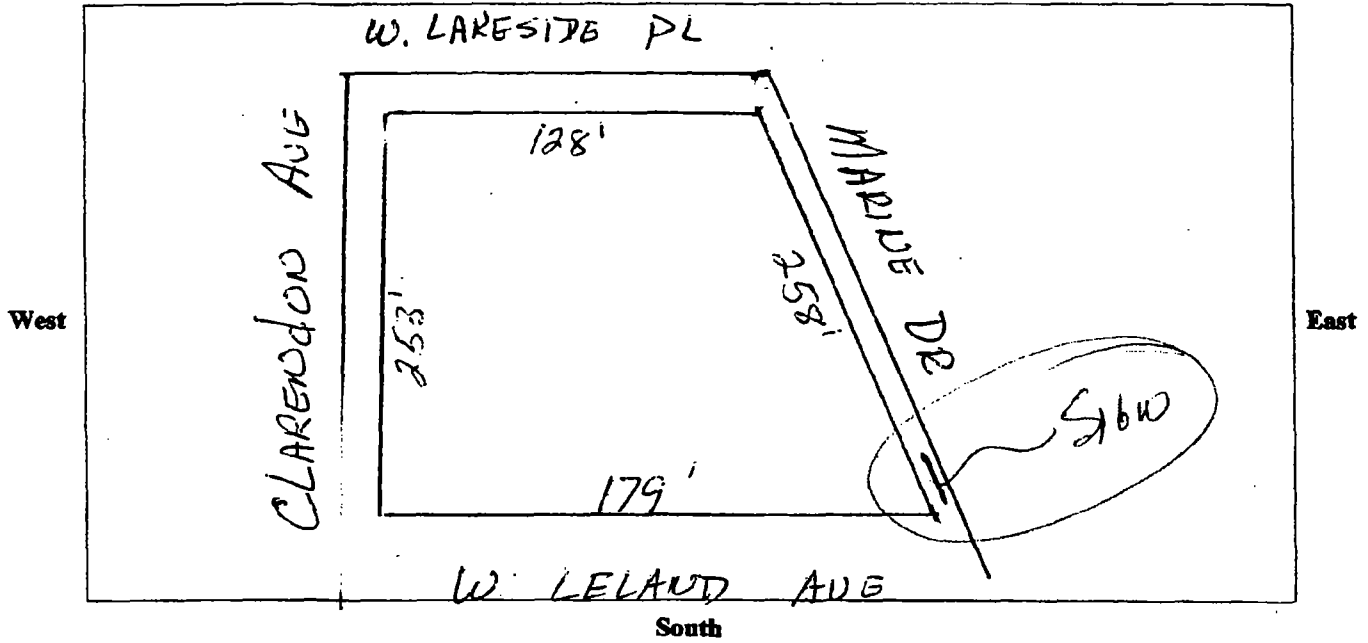
TYPE OF BUSINESS PAC HOSPITAL Other: _____ Name: LAKESHORE MEDICAL CENTER LIC #: _____ Renewal Date: _____	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input checked="" type="checkbox"/> YES		
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way Grant Permit #: _____ <input checked="" type="checkbox"/> Planned Development/Manufacturing PMD/PD#: PD-37 Zoning District: RM6 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 checked="" type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	TIME STAMP		
TOTAL STREET FRONTAGE OF LOT (IN FEET) 820 TOTAL AREA OF NEW SIGN (SQ.FT.) 231 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 60 HEIGHT OF SIGN ABOVE GRADE (TO TOP) 94ft 0in	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 40px;">SIGN CLERK</td> <td style="width:50%;">APPROVED FOR PERMIT</td> </tr> </table>	SIGN CLERK	APPROVED FOR PERMIT
SIGN CLERK	APPROVED FOR PERMIT		
DISTANCE OF CURB LINE OUTER EDGE (ft) 10 DISTANCE OF STRUCTURE INNER EDGE (ft) 11 DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) _____ B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____	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)			

**CITY OF CHICAGO
DEPARTMENT OF ZONING AND LAND USE PLANNING
SIGN SITE PLAN
(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)**

Site Address: 4700 N MARINE DR 2 of 2 applications

Sign Company: M-R SIGNS INC Rep Name: ANTHONY CILIA

Phone: (773) 545-4444 EXT _____ (Below: Building, streets and location of sign on lot or structure)
North



SIGN USE:
 Bus. ID (On-premise)
 Business Lice. # _____
 Advertising (Off-premise)

TYPE OF SIGN:
 Flat Wall
 Freestanding
 Awning
 Marquee
 High Rise Building
 Projecting Private
 Projecting Public Way
 Public Way Use -Permit # _____

SIGN CHARACTERISTICS:
 Non- Illuminated
 Illuminated
 Changing Image
 Video Display
 Flashing

PERMIT TYPE:
 New Construction
 Change of Face
 Previous Permit # _____

DISTANCE FROM:
 Curb Line: 11
 Expressway, Toll Roads or Major Route (n/a if over 1000 ft) _____
 Park (over 10 acres) _____
 Residential Zone _____
 Existing Off-premise on same side of street: _____

TOTAL SQUARE FOOTAGE:
 Square footage of this proposed sign 231
 Gross area of all proposed signs 462
 Area of all existing signs (not including proposed) on Zoning Lot 60

Signature: Anthony Cilia
 (Revised 4/10)

Date: 8-1-13

A1 ELEVATION



B1 ELEVATION



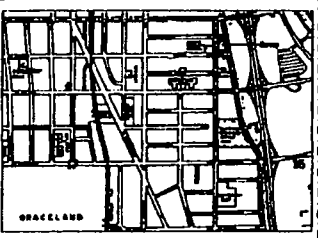
CUSTOM·SIGN CONSULTANTS File Name exterior A1 & B1 File Path :/al csc/weiss memorial hospital/exterior/	Designed Exclusively For Zeller Realty Group	
	Date 4-16-2013	Account Rep AIFrapolli
Scale N/A	# Revisions 1	Designer AIFrapolli

Signature states that described sign is accepted and client is authorizing to produce the specified.	Signature _____ Date _____
This drawing has been created by Custom Sign Consultants and is not for replication or use by any other parties. Custom Sign Consultants reserves the right to retain \$250.00 per drawing should the drawing be viewed or used by un-authorized parties.	

NATIONAL SURVEY SERVICE, INC.

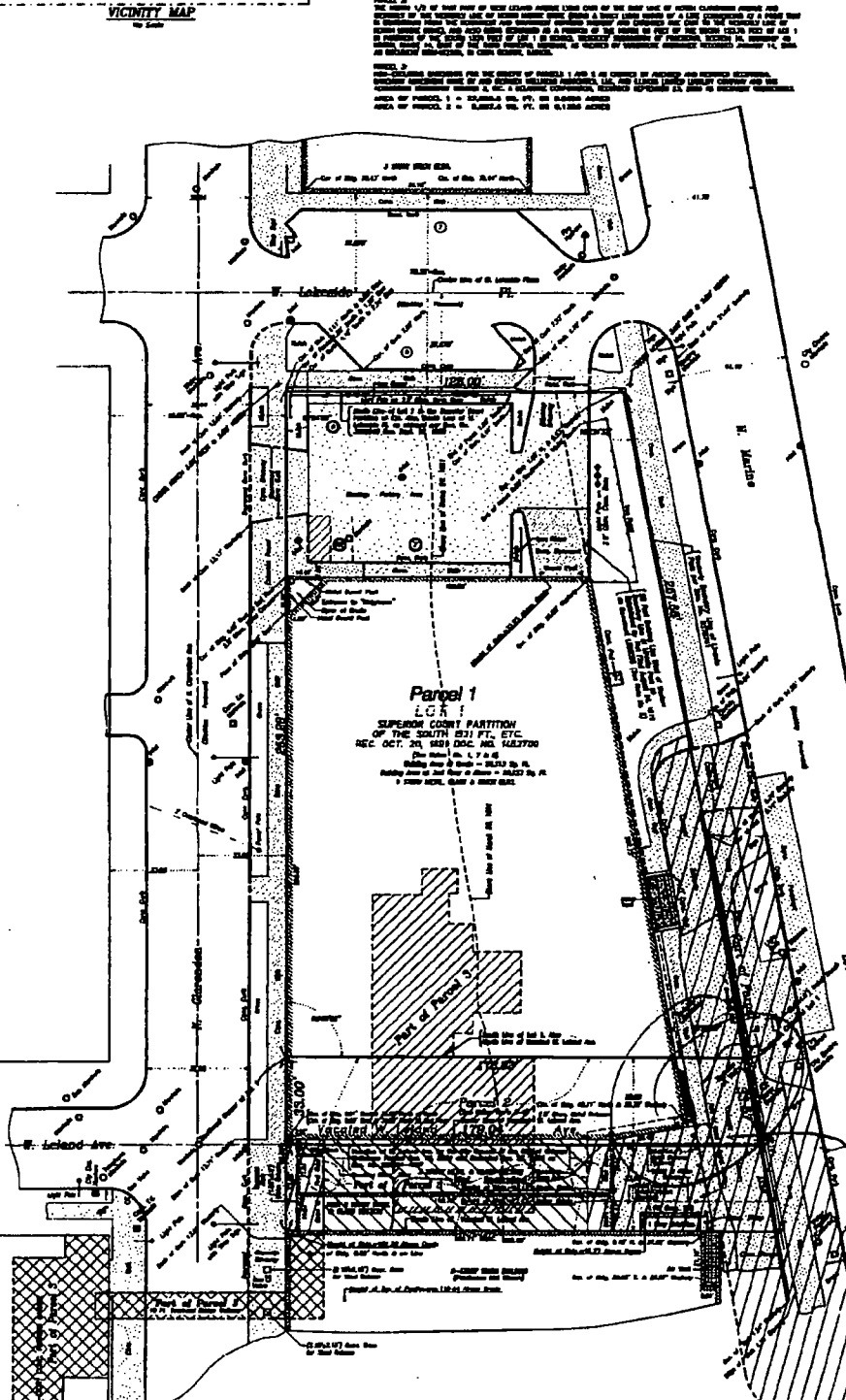
ALTA/ACSM LAND TITLE SURVEY
Plat of Survey

SURVEY NO. 11-124400 SURVEY DATE: MAR. 23, 2003
11-123836 LOCATION JAN. 14, 2002
11-123838 LOCATION MAY 26, 2004
11-123839 LOCATION MAY 26, 2004
11-127288 LOCATION MAY 26, 2004
11-127290 SURVEY JAN. 14, 2002



ADDRESS: 4700 N. LINCOLN BLVD., CHICAGO, ILLINOIS.
SURVEY FOR: WELLNESS ASSOCIATES, LLC.

NOTE 1: THE SURVEY AREA IS LOCATED IN THE CITY OF CHICAGO, ILLINOIS, AND IS SUBJECT TO THE CITY OF CHICAGO'S ZONING ORDINANCES AND THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS. THE SURVEY AREA IS SUBJECT TO THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS. THE SURVEY AREA IS SUBJECT TO THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS.



NOTE 2: THE SURVEY AREA IS LOCATED IN THE CITY OF CHICAGO, ILLINOIS, AND IS SUBJECT TO THE CITY OF CHICAGO'S ZONING ORDINANCES AND THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS. THE SURVEY AREA IS SUBJECT TO THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS. THE SURVEY AREA IS SUBJECT TO THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS.

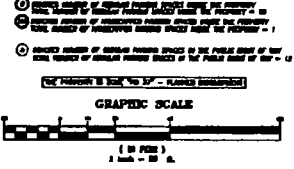
- PARCEL 2 (LINCOLN PARK)
- Hatched pattern for easements and encroachments
- Hatched pattern for lot lines of other parcels
- Hatched pattern for fence and walls
- Hatched pattern for driveway
- Hatched pattern for other structures

TO THE PUBLIC (NOT NECESSARILY CORRECT): THIS SURVEY WAS CONDUCTED BY NATIONAL SURVEY SERVICE, INC., A PROFESSIONAL LAND SURVEYING FIRM. THE SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE SURVEYING ACT AND THE SURVEYING REGULATION ACT OF ILLINOIS. THE SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE SURVEYING ACT AND THE SURVEYING REGULATION ACT OF ILLINOIS.

STATE BOARD OF SURVEYORS: THE SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE SURVEYING ACT AND THE SURVEYING REGULATION ACT OF ILLINOIS. THE SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE SURVEYING ACT AND THE SURVEYING REGULATION ACT OF ILLINOIS.

Signature: [Handwritten signature]

IMPORTANT: THE SURVEY AREA IS LOCATED IN THE CITY OF CHICAGO, ILLINOIS, AND IS SUBJECT TO THE CITY OF CHICAGO'S ZONING ORDINANCES AND THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS. THE SURVEY AREA IS SUBJECT TO THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS. THE SURVEY AREA IS SUBJECT TO THE CITY OF CHICAGO'S PLANNING COMMISSION'S DECISIONS.



11-127288 SURVEY DATE: MAR. 23, 2003
11-127289 LOCATION JAN. 14, 2002
11-123836 SURVEY DATE: MAR. 23, 2003
11-123838 LOCATION MAY 26, 2004
11-123839 LOCATION MAY 26, 2004
11-127290 SURVEY DATE: MAR. 23, 2003

NATIONAL SURVEY SERVICE, INC.
PROFESSIONAL LAND SURVEYORS
800 N. CHICAGO AVENUE, SUITE 200
CHICAGO, ILLINOIS 60610
TEL: 312-432-6282 FAX: 312-432-6284

