



Office of the City Clerk



Or2012-414

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City Council Document Tracking Sheet

Meeting Date:	7/25/2012
Sponsor(s):	Jackson, Sandi (7)
Type:	Order
Title:	Issuance of permits for sign(s)/signboard(s) at 2320 E 93rd St
Committee(s) Assignment:	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 PAPER, BANNERS, FLAGBOARDS, INC.

4748 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)

Advocate Trinity Hospital

Professional Office Building

2320 E. 93rd Street

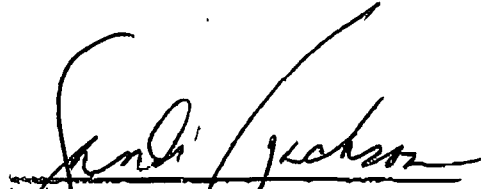
Chicago, IL 60617

Dimensions: length 15 height 32

height above grade/roof to top of sign 57 feet above grade

TOTAL SQUARE FOOT AREA 480

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



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100450606	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF APPLICATION 07/24/2012	TYPE OF SIGN FLAT OR BOX			
ADDRESS OF SIGN 2320 E 93RD ST, 60617-	LENGTH	FT. 15	IN.	HEIGHT
BUILDING	ORIGINAL PERMIT NUMBER	AREA	SQ. FT. 480	WEIGHT
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)		LBS. 150		SIGN HEIGHT ABOVE GRADE/ROOF
PAYER OF ANNUAL INSPECTION ARANDA, BRENDA 2320 E 93RD ST CHICAGO, IL 60617 (773)967-5017		FT. 16		
SIGN MANUFACTURER IMPACT COLOR		SHAPE OF SIGN REGULAR		
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION		SIGN WILL READ SUVIVORS BLOSSOM		
TICKET NUMBER 0	REINSPECTION CONTROL NUMBER	NO. OF LAMPS	TOTAL WATTAGE	
TYPE OF SUPPORT FOR SIGN BUILDING		TYPE OF LAMP		
SIGN BOARD SUPPORT MEMBERS OTHER		NO. OF BALLAST/TRANSFORMERS	INPUT OF TRANSFORMERS	
ANNUAL FEE	CONSTRUCTION FEE 200.00	CONTRACTOR WILL INSTALL <input checked="" type="checkbox"/> FEEDERS <input type="checkbox"/> CUSTOMER LEADS <input type="checkbox"/>		
1017 B FEE	TOTAL FEE 200.00	TYPE OF SWITCH		
TOTAL FEE	AMOUNT PAID 200.00	LOCATION OF SWITCH		
AMOUNT PAID	BALANCE DUE	SIGN LOCATION INSTALL VINYL BANNER ON BRICK BUILDING		

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.

ELECT CONTR	REG. NO.	BOND NO.	REG. NO. N93138
ADDRESS		SIGN ERECTOR LIBERTY FLAG	SIGNER
SUPERVISOR SIGNATURE		ADDRESS 4740 N. CUMBERLAND AVE. CHICAGO XXX IL, 60656	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: _____
 LIC #: _____
 Renewal Date: _____

SIGN BOND REQUIRED? YES

COUNCIL ORDER REQUIRED YES

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL
 YES

IF YES, ATTACH LETTER OF REQUEST

TIME STAMP

Projects Over:
 Private Property
 Public Way Grant Permit #: _____
 Planned Development/Manufacturing PMD/PD#: 7
 Zoning District: OTHER Other: PD

TYPE OF SIGN:
 ADVERTISING ILLUMINATE MOVEABLE
 BUSINESS FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) 150

TOTAL AREA OF NEW SIGN (SQ.FT.) 480

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 20

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 48ft in

DISTANCE OF CURB LINE OUTER EDGE (ft) 10

DISTANCE OF STRUCTURE INNER EDGE (ft) 11

SIGN CLERK _____

APPROVED FOR PERMIT _____

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: Status: _____

ZONING (OFFICE USE ONLY)



32'

**SURVIVORS
BLOOM.**

Also see The Hospital

**16' BOTTOM OF BANNER
TO THE GROUND**

One Way
←

16' TO
GROUND

