



# City of Chicago



Or2021-38

Office of the City Clerk

## Document Tracking Sheet

<b>Meeting Date:</b>	2/26/2021
<b>Sponsor(s):</b>	Waguespack (32)
<b>Type:</b>	Order
<b>Title:</b>	Issuance of permits for sign(s)/signboard(s) at 1942 W Fullerton Ave - west elevation
<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\*: NORTHSHORE UNIVERSITY HEALTHSYSTEM

(\* 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: 1942 W. FULLERTON Chicago, IL 606 14

Zoning District: C3-3

DOB Sign Permit Application #: 100903279

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 NO (Yes or No) If yes, Public Way Use #: NA
5. Dimensions: Length 19 feet 0 inches Height 12 feet 2 inches  
Total square feet in area: 231 feet 0 inches
6. Height above grade: 1 feet 0 inches
7. Elevation (side of building or lot where the sign will be erected): WEST
8. Name of Sign Contractor/Erector: BULLEY & ANDREWS LLC

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.

Scott J. Guarnaccia  
Alderman

32  
Ward



CITY OF CHICAGO

# DEPARTMENT OF BUILDINGS

## Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100903279	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION	12/16/2020		
ADDRESS OF SIGN	1942 W FULLERTON AVE, 60614-		
BUILDING	ORIGINAL PERMIT NUMBER		
TYPE OF PERMIT	NEW CONSTRUCTION (SIGN)		
PAYER OF ANNUAL INSPECTION	BOURBON, DAN 5270 LINCOLN AVE SKOKIE, IL 60077 (847)980-6739		
SIGN MANUFACTURER	UNKNOWN		
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	Check # for Zoning	
1017 B FEE			
TOTAL FEE	200.00		
AMOUNT PAID	200.00	Check # for DCAP	
BALANCE DUE			

TYPE OF SIGN						SIGNBOARD											
LENGTH	FT	IN	HEIGHT	FT	IN												
	19	0		12	2												
AREA	SQ FT	WEIGHT				LBS											
	231					5											
SIGN HEIGHT ABOVE GRADE/ROOF					FT												
					1												
SHAPE OF SIGN												REGULAR					
SIGN WILL READ												NORTHSHORE UNIVERSITY HEALTHSYSTEM IMMEDIATE CARE					
NO OF LAMPS						TOTAL WATTAGE											
TYPE OF LAMP																	
NO OF BALLAST/TRANSFORMERS						INPUT OF TRANSFORMERS											
CONTRACTOR WILL INSTALL						<input checked="" type="checkbox"/> FEEDERS		<input checked="" type="checkbox"/> CUSTOMER LEADS									
TYPE OF SWITCH																	
LOCATION OF SWITCH																	
SIGN LOCATION												NON-ILLUMINATED WINDOW APPLIQUE ON N. DAMEN / WEST ELEVATION. 19'L X 12'-2"H. SIGN STATES: "NORTHSHORE IMMEDIATE CARE" AND "OPEN 7 DAYS A WEEK, NO APPOINTMENT NEEDED"					

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

	LICENSE #
ELECT CONTR*	
ADDRESS	
SUPERVISOR SIGNATURE	

	TGC04239
CONTRACTOR*	BULLEY & ANDREWS, L.L.C. GENCON
ADDRESS	1755 W. ARMITAGE AVE. CHICAGO IL, 60622-
SIGNATURE	

\*IF APPLICABLE

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  
Lori E Lightfoot, Mayor



Department of Buildings  
Matthew Beaudet, Commissioner

TYPE OF BUSINESS <u>PUBLIC</u> Other <u>HOSPITAL</u> Name <u>NORTHSIHOE UNIVERSITY HEALTHSY</u> LIC # _____ Renewal Date _____	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input checked="" 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 # _____ <input type="checkbox"/> Planned Development/Manufacturing PMD/PD# _____ Zoning District: <u>C3</u> Other: <u>C3-3</u>	TIME STAMP
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) _____ <u>235</u>	
TOTAL AREA OF NEW SIGN (SQ FT ) _____ <u>231</u>	
TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) _____ <u>1</u>	
HEIGHT OF SIGN ABOVE GRADE (TO TOP) _____ <u>13ft 2in</u>	
DISTANCE OF CURB LINE OUTER EDGE (ft) _____ <u>25</u> DISTANCE OF STRUCTURE INNER EDGE (ft) _____ <u>24</u>	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE FROM (ft) A. PUBLIC PARK (OVER 10 ACRES) _____ <u>5,000</u> B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ <u>5,000</u> C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____ <u>5,000</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)	