



Office of the Chicago City
Clerk



O2012-2286

Office of the City Clerk

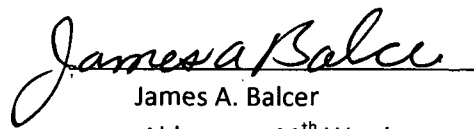
City Council Document Tracking Sheet

Meeting Date: 4/24/2012
Sponsor(s): Balcer, James (11)
Type: Ordinance
Title: Exemption of public way use permit fee(s) for R.D.G.
Management - 308 W 33rd St
Committee(s) Assignment: Committee on Transportation and Public Way

TRANS

Introduced to City Council
April 18, 2012

An ordinance exempting R.D.G. Management located at 308 West 33rd Street, for a fire escape from the public way permit fees under the amended municipal code to Chapter 10-28 as that term is defined in section 17-17-02146, constructed in or before 1922 a public way use that is part of the original construction and is a permanent structure of the building . (Attached please find documentation).


James A. Balcer
Alderman, 11th Ward

VOLUME 524 PROPERTY INDEX NUMBER 17-33-209-032-0000 TOWNSHIP SOUTH CHICAGO TAX CODE 76001 NEIGH 030 STREET CODE 8040
 LOCATION 3258 S PRINCETON AVE CHICAGO

TAXPAYER RAY & DONNA DEGRAZIA
 ADDRESS 3207 S EMERALD AV
 CITY-ST ZIP CHICAGO IL 60616-3405 LAST TRI YEAR 2009

ASSESSMENT VALUATIONS

| | 2007 | 2008 | 2009 PROPOSED |
|--------------|--------|--------|---------------|
| LAND | 5,829 | 5,829 | 13,750 |
| IMPROVEMENTS | 46,582 | 46,582 | 38,698 |
| TOTAL | 52,411 | 52,411 | 52,448 |
| CLASS | | | 2-12 |

LAND SQ FEET 2,750 IRREGULAR LOT NO

CURRENT MARKET VALUE 524,480
 HOMEOWNERS EXEMPTION 2009 DNR
 SENIOR EXEMPTION 2009 NO
 CERTIFICATE OF ERROR 2009 NO
 DISABLED VETERANS EXEMPTION 2009 NO

| 2002 BASE | HOMEOWNER EXEMPTION | EXEMPTION | PRORATION | NPHE |
|---------------------|---------------------|-----------|-----------|--------|
| EQUALIZED VALUATION | H/O VALUATION | QUANTITY | FACTOR | AMOUNT |
| 27,828 | 96,355 | 1 | 1.000000 | 20,000 |

*
 --LAND DESCRIPTION-- --IMPROVED LOT-- RECORD 001
 LAND MEASUREMENT UNIT-PRICE
 2,750 SQUARE FEET 50.00

| CLASS | LEVEL OF ASSESSMENT | ADJUSTMENT FACTOR | ASSESSED VALUE |
|-------|---------------------|-------------------|----------------|
| 2-00 | 10.0% | | 13,750 |

*
 --IMPROVEMENT DESCRIPTION-- RECORD 002
 CLASS MARKET VALUE C.D.U.
 2-12 386,985

| AGE | LEVEL OF ASSESSMENT | PRORATION FACTOR | RELATED PARCEL | ASSESSED VALUE |
|-----|---------------------|------------------|----------------|----------------|
| 108 | 10.0% | | | 38,698 |



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JF

DATE (MM/DD/YYYY)

04/17/12

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 Insure-Rite, Inc. 3901 West 95th Street Evergreen Park, IL 60805 | 708-636-8484 | CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: DEGRA-1 | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-------------------------------|--|--------|------------|------------------------------|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|
| | INSURED Raymond Degrazia 537 West 31st Street Chicago, IL 60616 | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Rockford Mutual Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Rockford Mutual Insurance Co | | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Rockford Mutual Insurance Co | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** **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 INSR | SUBR 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 | | | CPIL003198 | 01/10/12 | 01/10/13 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | DEDUCTIBLE RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | N/A | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | BUILDING | | | CPIL003198 | 01/10/12 | 01/10/13 | Repl Cost 1,040,000 DEDUCTIBL 1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Location: 3258 S Princeton, Chicago, IL 60616

Certificate Holder is listed as additional insured on the general liability policy only effective as of 4-17-12

| | |
|---|--|
| CERTIFICATE HOLDER CITYCHL City of Chicago 121 N. LaSalle Street 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 |
|---|--|