

“Sensitive information follows which was redacted from public viewing.”





APPLICATION TO USE THE PUBLIC RIGHT OF WAY

OFFICE USE ONLY		
DOB PERMIT #:		
AMNESTY ELIGIBLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: Casablanca Hair Salon Inc.
 PERMIT MAILING ADDRESS: 4549 N Medzie
 CITY: CHICAGO STATE: IL ZIP CODE: 60625
 CONTACT PERSON: Faten Merza TITLE: PRESIDENT
 PHONE: 847-338-409 FAX: _____ E-MAIL: _____

FATEN MERZA

BUILDING OWNER INFORMATION

NAME: MARC AGUA
 ADDRESS: 3144 W Montrose
 CITY: CHICAGO STATE: IL ZIP CODE: 60618
 PHONE: 773 463-0931 FAX: _____ E-MAIL: _____

USE OF THE PUBLIC WAY

- List the proposed or existing use below and complete the worksheet on page 3.
 Use only one application for all public way use type.

TYPE	HOW MANY?	BUILDING ADDRESS
<u>Canopy</u>	<u>1</u>	<u>4549 N Medzie</u>

- Please enclose one sketch of each proposed use of the public way, which maps to scale the proposed use(s) and its relationship to surrounding right-of-way. All measurements must be indicated.

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: FA Merza TITLE: PRESIDENT
 F.E.I.N. or SOCIAL SECURITY NUMBER: 37-1610686

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: [Signature]
 DATE: 10/18/2010 WARD: 33

