



# City of Chicago



Or2015-165

Office of the City Clerk

## Document Tracking Sheet

<b>Meeting Date:</b>	3/18/2015
<b>Sponsor(s):</b>	Moreno (1)
<b>Type:</b>	Order
<b>Title:</b>	Issuance of permits for sign(s)/signboard(s) at 901 N Ashland Ave
<b>Committee(s) Assignment:</b>	Committee on Zoning, Landmarks and Building Standards

(signs)

ORDERED, That the Commissioner of Buildings is hereby directed to  
issue a sign permit to: (Contractor's name and address)

Pro Image  
2006 W. Chicago Ave  
Chicago, IL 60622 Tel. 773-292-1111

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)

East Village Dental Centre  
901 N. Ashland Ave.  
Chicago, IL, 60622

Dimensions: Length 58'0" Height 3'4"

Height above grade / roof to top of sign 10'0" / 13'4"

TOTAL SQUARE FOOT AREA 193

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.

J. M. [Signature] / 85  
Alderman, Ward

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# Internally Illuminated Channel Letters



NOTE: Photo for representational purposes only. Signs are not to scale and may appear larger or smaller than shown.

## Sign Erector:

### PRO IMAGE

2006 W. Chicago, Ave.

Chicago, IL 60622

Tel. 773 292 1111

Fax. 773 645 4169

Location	West Elevation	Description
Address	901 N. Ashland Ave. Chicago, IL. 60622	<ul style="list-style-type: none"> <li>- 32" INDIVIDUALLY INTERNALLY ILLUMINATE CHANNEL LETTERS.</li> <li>- BACK SPLASH MOUNTED.</li> <li>- FACES 1/8" WHITE</li> <li>- RETURNS 3" DEEP, WHITE.</li> <li>- TRIM CAP 1" WHITE.</li> <li>- UL LISTED LOW VOLTAGE ELECTRONIC LED LIGHTING SYSTEM</li> <li>- UL LISTED CLASS 2 LOW VOLTAGE POWER SUPPLY</li> </ul>
Date:	1-28-2015	Client <b>EAST VILLAGE DENTAL CENTER</b>



# DEPARTMENT OF BUILDINGS

## Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100579206	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION 01/28/2015	
ADDRESS OF SIGN 901 N ASHLAND AVE, 60622-	
BUILDING	ORIGINAL PERMIT NUMBER

TYPE OF SIGN FLAT OR BOX					
LENGTH	FT. 58	IN. 0	HEIGHT	FT. 3	IN. 4
AREA	SQ. FT. 193	WEIGHT		LBS. 400	
SIGN HEIGHT ABOVE GRADE/ROOF					FT. 10

TYPE OF PERMIT NEW CONSTRUCTION (SIGN)
PAYER OF ANNUAL INSPECTION TREINKMAN, GARY 901 N ASHLAND CHICAGO, IL 60622 (773)278-6622

SHAPE OF SIGN REGULAR
SIGN WILL READ EAST VILLAGE DENTAL CENTRE

SIGN MANUFACTURER DISPLAY MIX ADVERTISING
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

NO. OF LAMPS 23	TOTAL WATTAGE 75
TYPE OF LAMP OTHER	

TICKET NUMBER 0	REINSPECTION CONTROL NUMBER
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NO. OF BALLAST/TRANSFORMERS 4	INPUT OF TRANSFORMERS 120
CONTRACTOR WILL INSTALL	<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS

TYPE OF SUPPORT FOR SIGN BUILDING
SIGN BOARD SUPPORT MEMBERS STEEL

TYPE OF SWITCH KNIFE
LOCATION OF SWITCH OUTSIDE SIGN

ANNUAL FEE		Check # for Zoning
CONSTRUCTION FEE	400.00	
1017 B FEE		Check # for DCAP
TOTAL FEE	400.00	
AMOUNT PAID	200.00	
BALANCE DUE	\$ 200.00	

SIGN LOCATION NEW ILLUMINATED CHANNEL LETTERING 58 FT X 40 IN X 7 IN READS: EAST VILLAGE DENTAL CENTRE LOCATION: WEST ELEVATION SIGN FACING: ASHLAND AVE
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The undersigned certify that the statements in this application are true and correct and that all work done under the permit(s) will conform to the requirements of the Chicago Municipal Code.

REG. NO.	E94876
ELECT CONTR MR MIGHTY ELECTRIC LLC	ELECTR
ADDRESS 1913 W 21 STREET CHICAGO, IL 60608-	
SUPERVISOR SIGNATURE	

BOND NO.	REG NO.	N94106
SIGN DIRECTOR PRO IMAGE	SIGNER	
ADDRESS 2006 W CHICAGO AVE CHICAGO IL, 60622-		
SIGNATURE		

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City of Chicago  
Rahm Emanuel, Mayor



Department of Buildings  
Felicia Davis, Commissioner

COMMERCIAL Other: DENTAL OFFICE

Name: EAST VILLAGE DENTAL CENTRE

LIC #:

Renewal Date:

Projects Over:

Private Property

Public Way

Grant Permit #: 1116695

Planned Development/Manufacturing

PMD/PD#:

Zoning District: B1

Other: -2

TYPE OF SIGN:

ADVERTISING

ILLUMINATE

MOVEABLE

BUSINESS

FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) 164

TOTAL AREA OF NEW SIGN (SQ.FT.) 193

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 103

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 13ft 4in

DISTANCE OF CURB LINE OUTER EDGE (ft) 14

DISTANCE OF STRUCTURE INNER EDGE (ft) 15

DISTANCE FROM (ft):

A. PUBLIC PARK (OVER 10 ACRES)

B. EXPRESSWAY (IF LESS THAN 1,000 FT.)

C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY)

IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?

Original Payee:

Landmark Hold:

Status:

ZONING (OFFICE USE ONLY)

SIGN BOARD REQUIRED:  YES

COUNCIL ORDER REQUIRED  YES

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL

YES

IF YES, ATTACH LETTER OF REQUEST

TIME STAMP

SIGN CLERK

APPROVED FOR PERMIT

REMARKS

(signs)

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Joe Mauro 155  
Alderman, Ward

# Internally Illuminated Channel Letters



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<p><b>Date:</b>      1-28-2015</p>		<p><b>Client</b>  <b>EAST VILLAGE DENTAL CENTER</b></p>



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BUILDING	ORIGINAL PERMIT NUMBER	LENGTH 58 FT 0 IN	HEIGHT 3 FT 4 IN	
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)		AREA 193 SQ. FT	WEIGHT 400 LBS	SIGN HEIGHT ABOVE GRADE/ROOF 10 FT
PAYER OF ANNUAL INSPECTION TREINKMAN, GARY 901 N ASHLAND CHICAGO, IL 60622 (773)278-6622		SHAPE OF SIGN REGULAR		
SIGN MANUFACTURER DISPLAY MIX ADVERTISING		SIGN WILL READ EAST VILLAGE DENTAL CENTRE		
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION		NO. OF LAMPS 23	TOTAL WATTAGE 75	
TICKET NUMBER 0		REINSPECTION CONTROL NUMBER	TYPE OF LAMP OTHER	
TYPE OF SUPPORT FOR SIGN BUILDING		NO. OF BALLAST/TRANSFORMERS 4	INPUT OF TRANSFORMERS 120	
SIGN BOARD SUPPORT MEMBERS STEEL		CONTRACTOR WILL INSTALL <input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS <input checked="" type="checkbox"/>		
ANNUAL FEE		TYPE OF SWITCH KNIFE		
CONSTRUCTION FEE 400.00		LOCATION OF SWITCH OUTSIDE SIGN		
1017 B FEE		SIGN LOCATION NEW ILLUMINATED CHANNEL LETTERING 58 FT X 40 IN X 7 IN READS: EAST VILLAGE DENTAL CENTRE LOCATION: WEST ELEVATION SIGN FACING: ASHLAND AVE		
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City of Chicago  
Rahm Emanuel, Mayor



Department of Buildings  
Felicia Davis, Commissioner

1

COMMERCIAL Other: DENTAL OFFICE

Name: EAST VILLAGE DENTAL CENTRE

LIC #:

Renewal Date:

SIGN DATE REQUIRED:

YES

COUNCIL ORDER REQUIRED

YES

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL

YES

IF YES, ATTACH LETTER OF REQUEST

Projects Over:

Private Property

Public Way

Grant Permit #: 1116695

Planned Development/Manufacturing

PMD/PD#:

Zoning District: B1

Other: -2

TIME STAMP

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APPROVED FOR PERMIT

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