



Office of the Chicago City
Clerk



Or2011-868

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	9/8/2011
Sponsor(s):	Fioretti, Bob (2)
Type:	Order
Title:	Issuance of permits for Sign(s)/Signboard(s) at 1620 W Harrison St (North West Elevation Building)
Committee(s) Assignment:	Committee on Zoning, Landmarks and Building Standards

City Council
Meeting Date: _____
Committee on Buildings

(signs)

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

Flashtric, Inc. Division of Turk Electric Sign Co.

3434 N. Cicero Ave. Chicago IL 60641

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)

RUSH University Medical Center

1620 West Harrison Street, Chicago, IL 60612

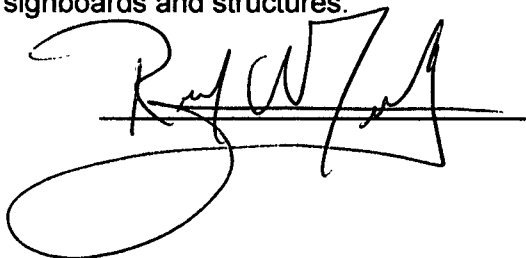
North West Elevation Building Sign

Dimensions: Length 41'-6" Height 7'-1"

Height above grade / roof to top of sign 101'-3"

TOTAL SQUARE FOOT AREA 294

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, 2 Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100400039	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION 06/24/2011	
ADDRESS OF SIGN 1620 W HARRISON ST, 60612-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAYER OF ANNUAL INSPECTION CASILLAS, HELEN 1700 W. VAN BUREN, SUITE 301 CHICAGO, IL 60612 (312)942-8124	
SIGN MANUFACTURER POBLOCKI SIGN COMPANY	
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
1017 B FEE	_____
TOTAL FEE	200.00
AMOUNT PAID	200.00
BALANCE DUE	_____
<input type="checkbox"/> Check # for Zoning <input type="checkbox"/> Check # for DCAP	

TYPE OF SIGN FLAT OR BOX					
LENGTH	FT. 41	IN. 6	HEIGHT	FT. 7	IN. 1
AREA	SQ. FT. 294	WEIGHT		LBS. 300	
SIGN HEIGHT ABOVE GRADE/ROOF					FT. 101
SHAPE OF SIGN REGULAR					
SIGN WILL READ (LOGO) RUSH					
NO. OF LAMPS 1			TOTAL WATTAGE 120		
TYPE OF LAMP OTHER					
NO. OF BALLAST/TRANSFORMERS 5			INPUT OF TRANSFORMERS 120		
CONTRACTOR WILL INSTALL		<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS			
TYPE OF SWITCH KNIFE					
LOCATION OF SWITCH LISTED FLUSH TOGGLE					
SIGN LOCATION NORTH WEST ELEVATION PRIVATE PROPERTY ILLUMINATED CHANNEL LETTER BUILDING SIGN WITH LOGO (FLUSH-MOUNT) FACING PAULINA STREETFRONTAGE. 101'HAG					

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.

REG. NO.	E93153
ELECT CONTR CITY SERVICE ELECTRIC INC.	ELECTR
ADDRESS 4030 N. NASHVILLE CHICAGO, IL 60634-	
SUPERVISOR SIGNATURE	

BOND. NO.	REG. NO.	N92382
SIGN ERECTOR TURK ELECT. SIGN CO.	SIGNER	
ADDRESS 3434 N. CICERO AVE CHICAGO XXX IL, 60641		
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 <u>PAC HOSPITAL</u> Other: <u>RUSH</u> Name: <u>RUSH UNIVERSITY MEDICAL CENTER</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 checked="" type="checkbox"/> Planned Development/Manufacturing PMD/PD#: <u>PD30</u> Zoning District: <u>OTHER</u> Other: <u>PD30</u>	TIME STAMP
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input checked="" type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) _____ 247 TOTAL AREA OF NEW SIGN (SQ.FT.) _____ 294 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) _____ 635 HEIGHT OF SIGN ABOVE GRADE (TO TOP) _____ 108ft 1in	
DISTANCE OF CURB LINE OUTER EDGE (ft) _____ 25 DISTANCE OF STRUCTURE INNER EDGE (ft) _____ 25	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) _____ 9,999 B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ 9,999 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____ 9,999	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)	

CITY OF CHICAGO
DEPARTMENT OF ZONING AND LAND USE PLANNING North West
SIGN SITE PLAN
 (ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

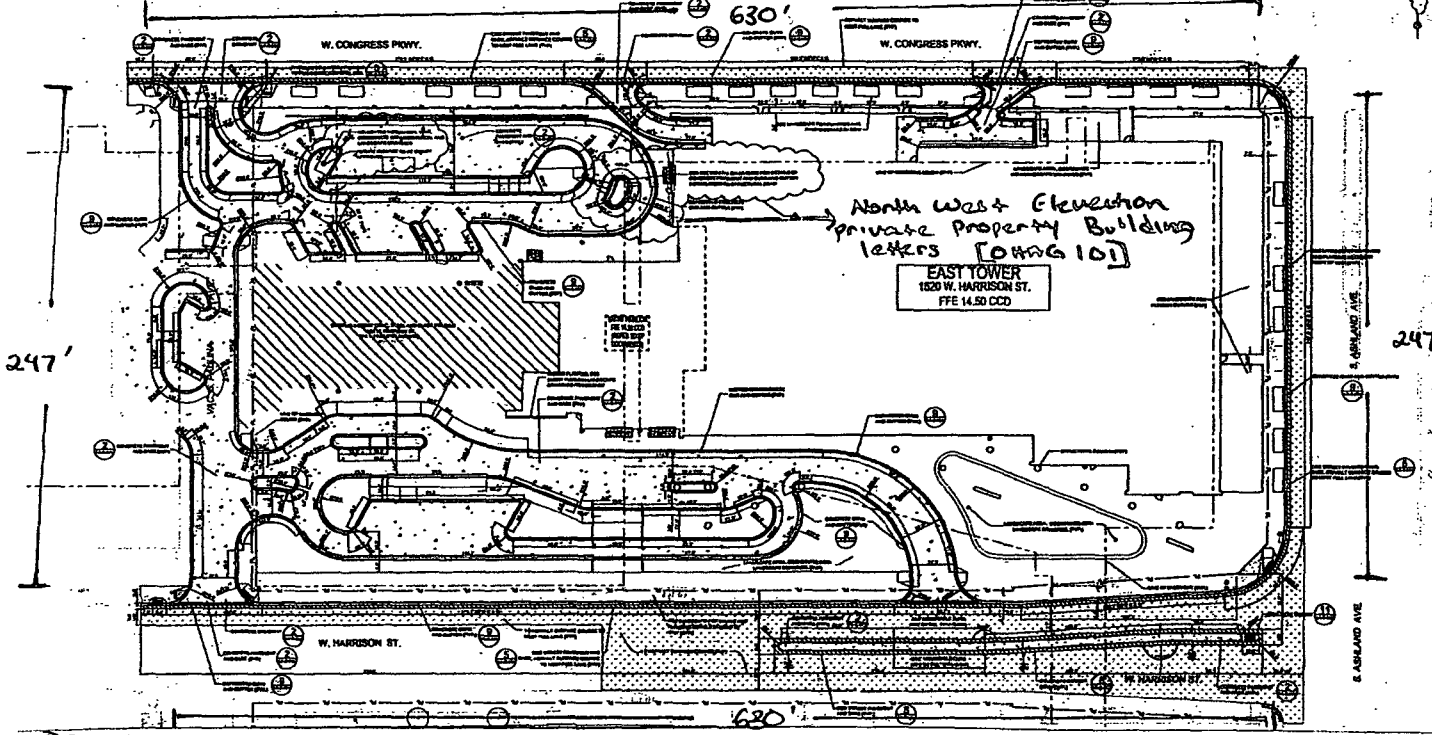
DOB # 100400039

Rush University
 Medical Center

Site Address: 1620 W. Harrison St. 60612

2 of 3 applications

Sign Company: Flashtrix Inc Division of Turk Electric Rep Name: Angela (773-736-9300)
 Sign Co.



PERKINS
 + WILL
 ARCHITECTS
 100 N. LAUREL ST.
 CHICAGO, IL 60610
 (312) 467-1000
 www.perkinswill.com

PD 30

South

SIGN USE:

- Bus. ID (On-premise)
- Business Lice. # _____
- Advertising (Off-premise)

PERMIT TYPE:

- New Construction
- Change of Face _____
- Previous Permit # _____

TOTAL SQUARE FOOTAGE:

Square footage of this proposed sign 294
 Gross area of all proposed signs 643
 Area of all existing signs
 (not including proposed) on Zoning Lot 0

TYPE OF SIGN:

- Flat Wall
- Freestanding
- Awning
- Marquee
- High Rise Building
- Projecting Private
- Projecting Public Way
- Public Way Use -Permit # _____

SIGN CHARACTERISTICS:

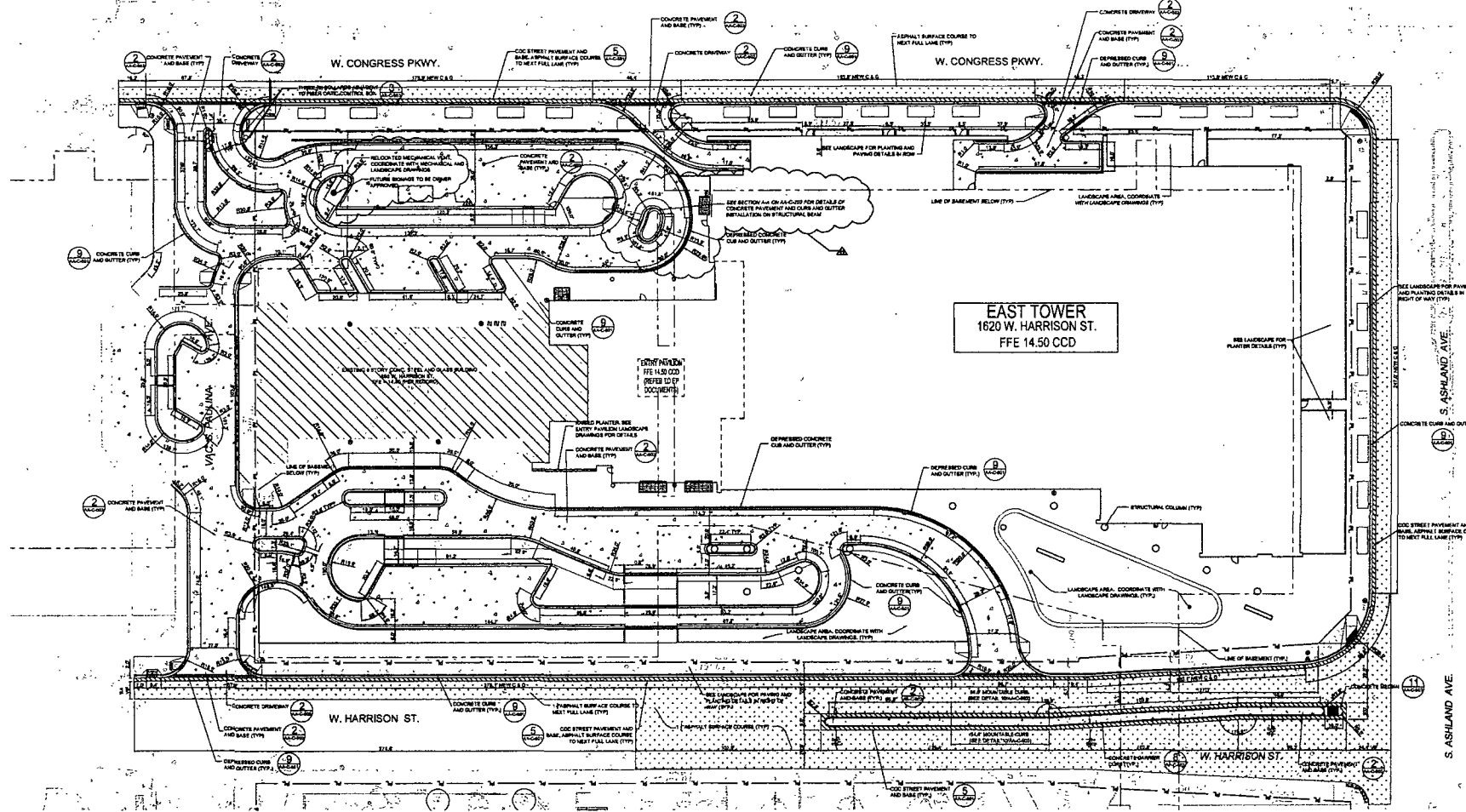
- Non- Illuminated
- Illuminated
- Changing Image
- Video Display
- Flashing

DISTANCE FROM:

Curb Line: 25'
 Expressway, Toll Roads
 or Major Route
 (n/a if over 1000 ft) N/A
 Park (over 10 acres) 9.999
 Residential Zone 9.999
 Existing Off-premise on
 same side of street: N/A

Signature: _____

Date: 6.24.11



EAST TOWER
1620 W. HARRISON ST.
FFE 14.50 CCD

LEGEND AND ABBREVIATIONS:

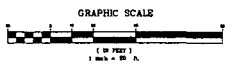
- PROPERTY LINE
- CONCRETE PAVEMENT AND BASE
- ASPHALT SURFACE COURSE
- PROPOSED BUILDING
- EXISTING BUILDING
- CDD STREET PAVEMENT AND BASE
- CONCRETE CURB AND GUTTER
- DEPRESSED CURB AND GUTTER
- LINE OF FLOOR ABOVE
- LINE OF BASEMENT BELOW
- FFE FINISHED FLOOR ELEVATION
- CCD CHICAGO CITY DATUM

NO.	DATE	BY	CHKD.
1	10/11/14	TH	TH

Street Information

Street	Width	Centerline
W. Congress Pkwy.	60'	60'
W. Harrison St.	60'	60'
S. Ashland Ave.	60'	60'

SITE DIMENSION PLAN



AA-C-201



POBLOCKI
SIGN COMPANY

614.453.4910 Fax: 614.453.2570
822 S. 70th St., West Allis WI 53214

POBLOCKI.COM

PROJECT :

RUSH
UNIVERSITY
MEDICAL CENTER
CHICAGO, IL

CUSTOMER APPROVAL :

DATE

AUTHORIZED SIGNATURE

ORDER NUMBER

J51173-0001

REVISIONS:

1 UPDATED COPY LAYOUT.
T.J.L 3/01/11

2 ADDED TOTAL WEIGHT.
T.J.L 3/07/11

3 ADDED DETAIL TO 02c.
T.J.L 6/13/11

4.

5.

6.

REPRESENTATIVE

CHUCK AMUNDSEN

DATE

T.J.L

SCALE

2/26/11

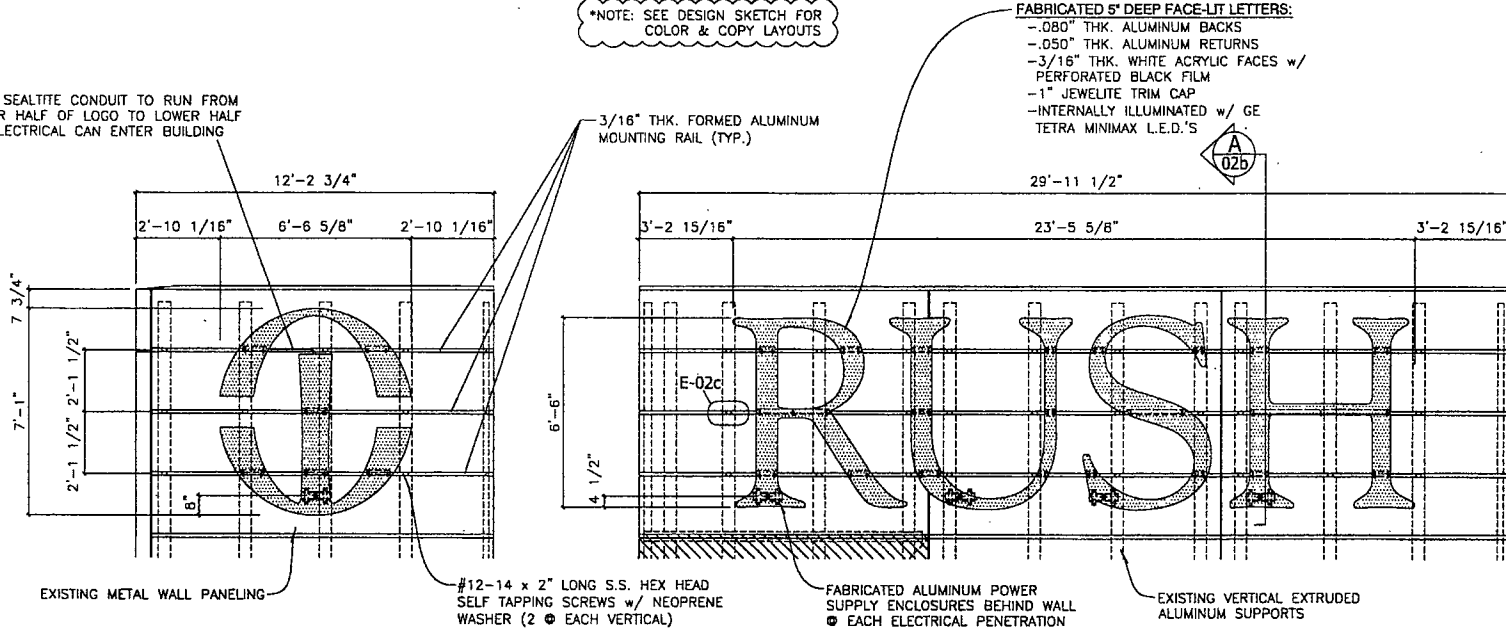
AS NOTED

02a

DRAWING NO.

51173

3/8" SEALTITE CONDUIT TO RUN FROM UPPER HALF OF LOGO TO LOWER HALF SO ELECTRICAL CAN ENTER BUILDING



NORTHWEST ELEVATION

SCALE: 1/4"=1'-0"

TOTAL WEIGHT OF LOGO & LETTERS- 300lbs

PRIMARY ELECTRICAL SUPPLY & FINAL HOOK UP TO BE DONE BY LOCALLY LICENSED ELECTRICAL CONTRACTOR.
4.25 AMPS @ 120 VOLTS

BOND & GROUND ACCORDING TO N.E.C. ARTICLE 600 & U.L. 48 STANDARDS



SUN 14 2011
[Signature]

SIGN STYLE: FACE-LIT LETTERS
COPY: AS NOTED*
LIGHTING: GE MINIMAX WHITE LED
QUANTITY: (1) SET



POBLOCKI
SIGN COMPONENTS

414.453.4010 Fax: 414.453.3970
822 S. 78th St., West Allis WI 53214

POBLOCKI.COM

PROJECT :

RUSH UNIVERSITY MEDICAL CENTER
CHICAGO, IL

CUSTOMER APPROVAL :

DATE

AUTHORIZED SIGNING

ORDER NUMBER
JS1173-0001

REVISIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

APPROVED BY
CHUCK AMNUSEN

DRAWN BY
TJL

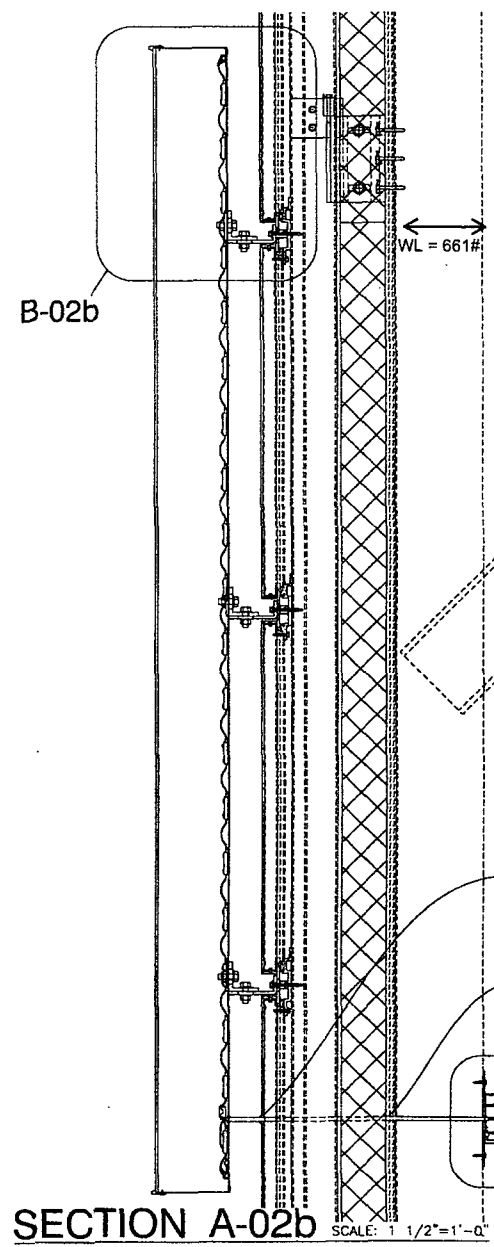
DATE
2/28/11

SCALE
AS NOTED

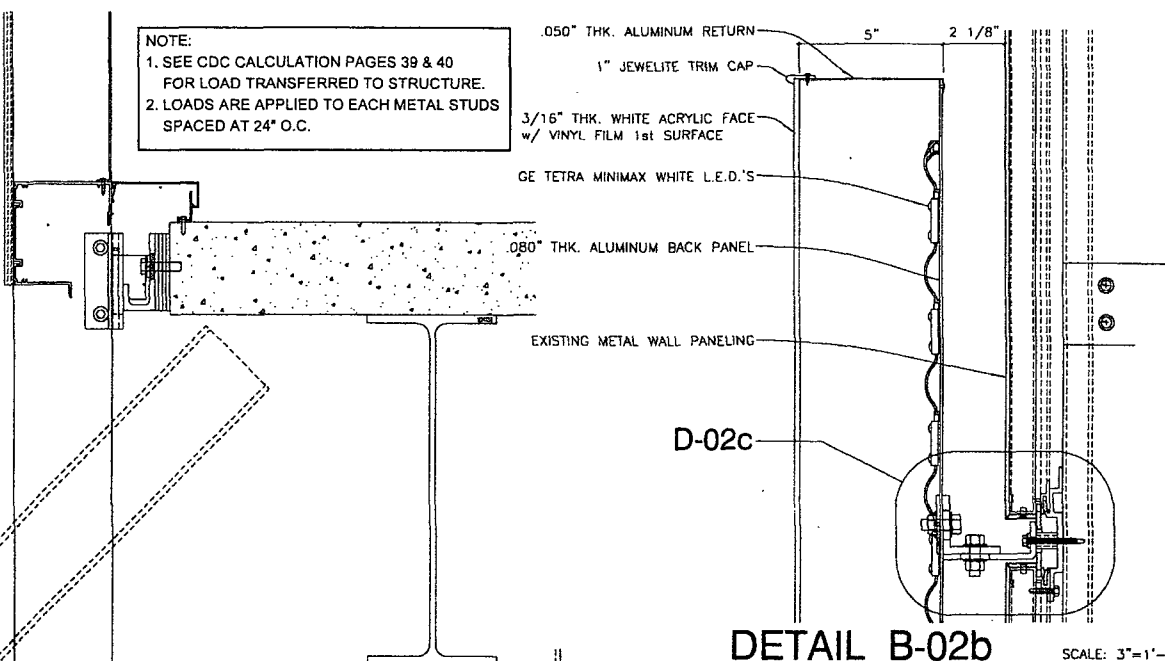
SHEET
02b

DRAWING NO.
51173

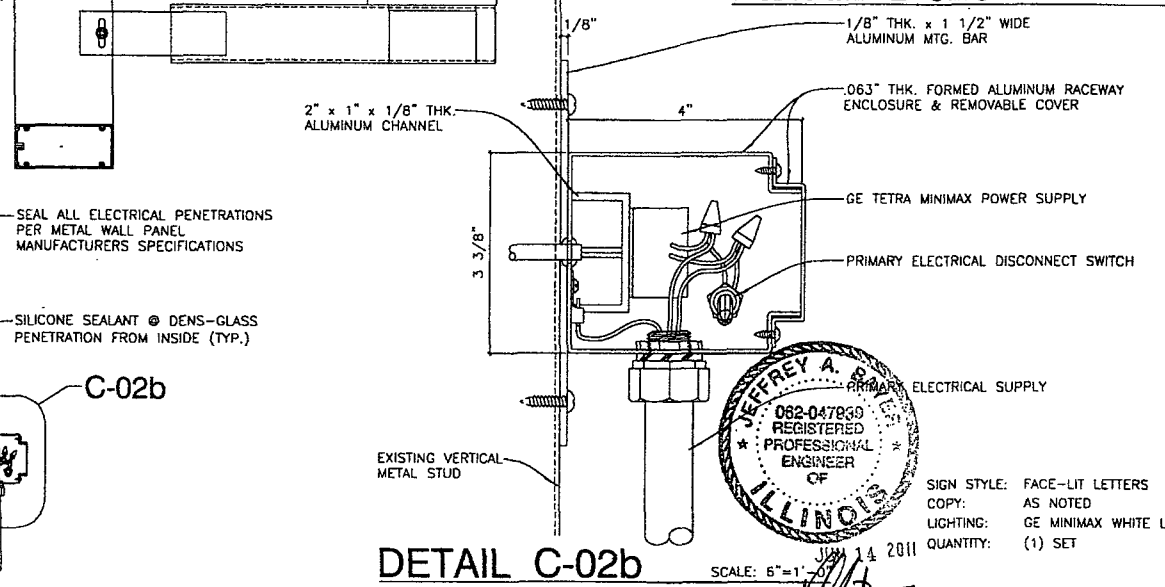
NOTE:
1. SEE CDC CALCULATION PAGES 39 & 40 FOR LOAD TRANSFERRED TO STRUCTURE.
2. LOADS ARE APPLIED TO EACH METAL STUDS SPACED AT 24" O.C.



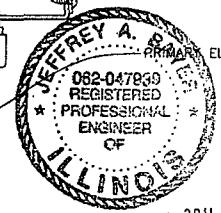
SECTION A-02b SCALE: 1 1/2" = 1'-0"



DETAIL B-02b SCALE: 3" = 1'-0"



DETAIL C-02b SCALE: 6" = 1'-0"



SIGN STYLE: FACE-LIT LETTERS
COPY: AS NOTED
LIGHTING: GE MINIMAX WHITE LED
QUANTITY: (1) SET

JUN 14 2011
[Signature]



POBLOCKI
SIGN COMPANY

414.453.4010 Fax: 414.453.3070
822 S. 701st St., West Allis WI 53214

POBLOCKI.COM

PROJECT : _____

**RUSH UNIVERSITY
MEDICAL CENTER**
CHICAGO, IL

CUSTOMER APPROVAL : _____
DATE _____

AUTHORIZED SIGNATURE
ORDER NUMBER
J51173-0001

REVISIONS:

- 1 ADDED SLOT & SNUG NOTE.
TJL 5/4/11
- 2 REVISED SPACER.
TJL 5/31/11
- 3 ADDED FASTENER DETAIL.
TJL 6/13/11
- 4.
- 5.
- 6.

REPRESENTATIVE
CHUCK AMUNDSEN

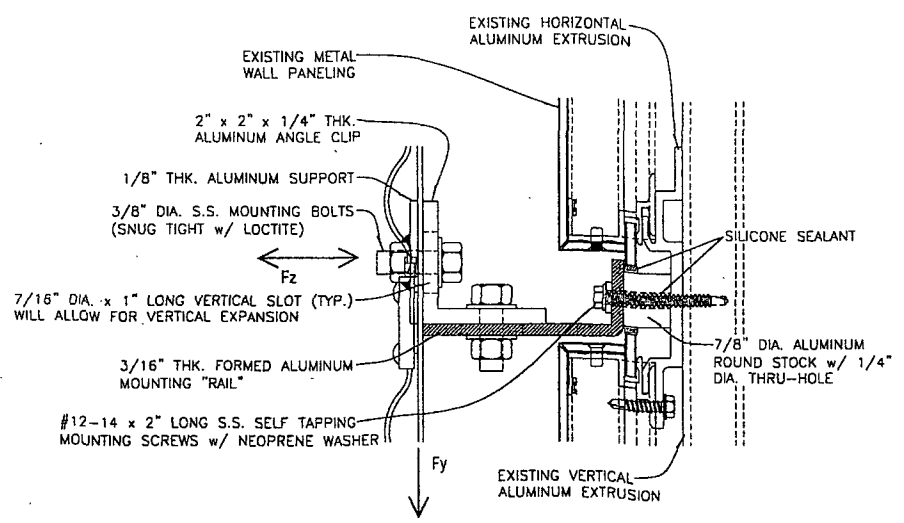
DRAWN BY
TJL

DATE
2/28/11

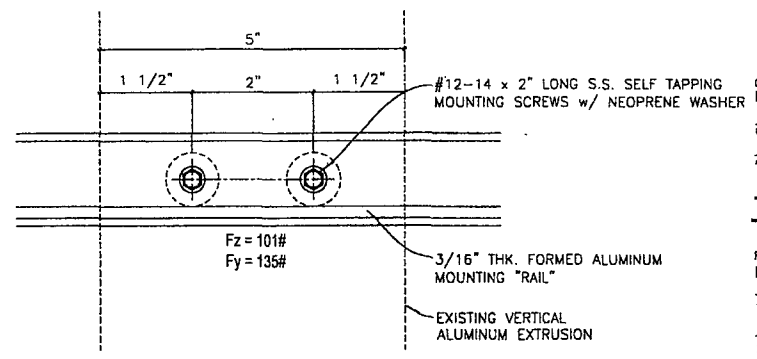
SCALE
AS NOTED

SHEET
02c

DRAWING NO.
51173



DETAIL D-02c SCALE: 6"=1'-0"



DETAIL E-02c SCALE: 6"=1'-0"
(TYPICAL)



DATE: 2/14/2011
SIGN STYLE: FACED-LIT LETTERS
COPY: AS NOTED
LIGHTING: GE MINIMAX WHITE LED
QUANTITY: (1) SET