



City of Chicago



O2014-2369

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	4/2/2014
Sponsor(s):	Thompson (16)
Type:	Ordinance
Title:	Exemption from physical barrier requirement for commercial driveway alley access for Global Motor's, Inc.
Committee(s) Assignment:	Committee on Transportation and Public Way

BE IT ORDAINED BY THE CITY COUNCIL OF CHICAGO:

SECTION 1. Section 10-20-430 of the Municipal Code of Chicago, the Commissioner of Transportation is hereby authorized and directed to exempt **Global Motor's Inc. of 5628 South Western Avenue** from the provisions requiring barriers as a prerequisite to prohibit alley ingress and egress to parking facilities for Premise Address.

SECTION 2. This ordinance shall take effect and be in force from and after its passage and publication.



JOANN THOMPSON
Alderman, 16th Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

New Construction Permit

Building Permit Application

USE BLACK INK.

DO NOT WRITE IN SHADED AREA

HOLDS:

APPLICATION PERMIT NO.: 100524511 01/19/2014

DISAPPLICATION NO.:

DATE ISSUED:

Sign Order(s):

Landmark:

Lakefront Protection:

Flood Plain:

Y

N

X

X

X

Violations:

Special Admin. Hold:

Other:

Y

N

X

X

X

I. GENERAL INFORMATION

(Provide Original House Number for new construction.)

Address: 5628 S WESTERN AVE

CHICAGO, IL 60636-

Please enter second address if on a corner

Address:

Property Index Number(s) (PIN)
(required):

1 19-13-211-026-0000

Number of dwelling units, number of stories, building use, description of proposed work and parking:

Dwelling Units: 0 Stories: 2 Building Use:

Description: REPLACEMENT OF EXISTING AUTO SALES GARAGE AND OFFICE BUILDING WITH NEW GARAGE AND TWO STORY OFFICE BUILDING THE SAME LOCATION AS EXISTING

Enter permit number if revision to an existing permit:

Cost of Construction: \$76,500.00

2. CLASSIFICATION BY OCCUPANCY:

☐ Class A1 Residential☐ Class A2 Residential☐ Class B Institutional☐ Class C1 Assembly☐ Class C2 Assembly☐ Class C3 Assembly☐ Class D Open Air Assembly☐ Class E Business☒ Class F Mercantile☐ Private Garage☐ Class G1 Indus. Low Hazard☐ Class G2 Indus. Mod. Hazard☐ Class H1 Storage Low Hazard☐ Class H2 Storage Mod. Hazard☒ Class H3 Garages☐ Class I Hazardous☐ Class J Misc. Building☐ Technology Center

3A. BUILDING INFORMATION FOR EXISTING BUILDING:

	Const Class	No. Stories	Basements	No. D. U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Existing										

3B. BUILDING INFORMATION FOR NEW CONSTRUCTION (IF APPLICABLE):

	Const Class	No. Stories	Basements	No. D. U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Addition										
New Bldg. (Front or Rear)	3B	2	0	0	2	0	0	31	2,726	56,699
Detached Garage						26' 2"	35' 8"	1' 4"	933	
Fence										
Trash Enclosure										

3C. BUILDING INFORMATION FOR RENOVATION (IF APPLICABLE):

	Const Class	No. Stories	Basements	No. D. U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Area to be Renovated										

4. ZONING INFORMATION: (See Site Plan in Drawing of lot and buildings, showing dimensions, streets, alleys, setbacks, existing landscaping and north arrow.)

Plat of Survey:	Area of Lot:
Plat Number:	Height of Building: 31
Zoning District/P.D. #:	Area and Volume of building: Area = 2,726 sf Volume = 56,699 cf
Zoning Use:	Number of Parking Spaces:
Front or Rear Building:	Number of Loading Spaces:
Special Zoning Permission Required for Administrative Adjustment, Variance or Special Use: ☐ Yes ☐ No	

Case Number:

Comments Section:

Signature of Approval: _____ Date: _____

5. FIRE PREVENTION ITEMS:

	Yes	No		Yes	No
Existing Sprinkler System:			Flammable Liquids:		
Install Full Sprinkler System:			Corrosive Liquids:		
Install Partial Sprinkler System (Designate Areas to be Sprinklered):			Hazardous Chemicals:		
Extend Existing Sprinkler System (Designate Areas to be Sprinklered):			Oxidizing Materials:		
Relocate Sprinkler Heads Only:			Highly Flammable Materials:		
Existing Standpipe System:			Flammable Hazardous Gases:		
Install New Standpipe System:			Flammable Compressed Gases:		
Existing Fire Alarm System (Choose One) ☐ Class I ☐ High Rise ☐ Class II ☐ Other, clarify			Dust Producing Equipment:		
Install New Fire Alarm System (Choose One) ☐ Class I ☐ High Rise ☐ Class II ☐ Other, clarify			Is this permit for modifications to the building in order to pass the Life Safety Evaluation as per code section 34 (13-196-206)?		

6. MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES ITEMS

Is the project Government Financed, subsidized or guaranteed? ☐ Yes ☐ No
 If yes, specify type of funding: city, state or federal.

RENOVATION PROJECTS ONLY:

Provide total alteration cost in last 30 months using EAC/ERC = 0.00%

EAC = Estimated Alteration Cost for Budget + Alteration Cost in last 30 Months (EAC=0.00 + ALT30= 0.00)

ERC = Estimated Reproduction Cost = Work Area (sf) x New Construction Cost per sf (ERC=0.00)

HOUSING PROJECTS ONLY (Submit Part II Letter of Approval at intake meeting, if applicable.):

Number of Government Funded Dwelling Units: 0
 Total Number of Dwelling Units: 0
 Approx. Area Per Story: 0
 Structure with four or More Units:
 New Homes For Chicago Project:
 Attached Multi-Story Single Family Residential Units with Separate Means of Egress:
 Other:

Planned Development Type:
 Chicago Public Schools (Y or N):
 Multiple Dwellings:
 Single Family Residential (Detached):

	Proposed No. D.U.	Actual No. D.U.
Accessible Lodging Units [1107.5.1.1 (ANSI Section 1002)]	0	
Units with Communication Features [1107.5.1.1 (ANSI Section 1005)]	0	
Accessible Units with Communication Features [1107.5.1.1 (ANSI Section 1002 + 1005)]	0	
Type A [1107.5.2.2 (ANSI Section 1003)]	0	
Type B [1107.5.2.3 (ANSI Section 1004)]	0	
Type A & B with Conduit Lines [1107.5.2.4]	0	
Visitable [1107.5.4.3 and 1107.5.5.3]	0	
Attached Multi-Story SFR Units with separate means of Egress [1107.5.4.3 + 1107.5.5.3]	0	
Section 504 Accessible Units [1107.5.5.1 and (U.F.A.S. Sec. 4.34)]	0	
Section 504 Accessible Units with Communication Features [1107.5.5.2 and 1107.5.5.4(ANSI Section 1005)]	0	
Zoning Incentive Building Type A Units [17-2-0304 A & B, 17-2-0311 A & A (a) (Zoning Code) (ANSI Section 1003)]	0	
Change of Occupancy (20+ Units)		
Planned Development #	0	

7. ENVIRONMENTAL ITEMS

	Yes	No		Yes	No
Boiler(s)			Dry Cleaning Machinery		
Gas Fired Hot Water Heater(s)			Manufacturing Process Equipment and Control Devices		
Gas Fired Package Rooftop, Furnaces			Manufacturing Process Equipment or Area, Hazardous/Flammable Storage		
Unit Heaters or other Gas Fired HVAC Units			Air Pollution Control Devices		
Unfired Pressure Vessel (Air Tanks, Heat Exchanger, Hot Storage Tanks)			Paint Spray Booth or Paint Spray Area		
Commercial Cooking Equipment or Food Preparation Unit			Paint Spray Booth or Paint Spray Area in Motor Vehicle Repair Shop		
Emergency Generator			New Incinerator or Afterburner Equipment		
Underground/Aboveground Storage Tank Unit (Apply at DOE)			Sandblasting, Grinding or Masonary, or Chemical Cleaning of Any Architectural Surface		
Compactor or Bailer					

8: REMARKS AND APPROVALS

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

9. CONTACT INFORMATION

Owner/Tenant/Agent: <u>GHASSAN YASSINE</u>		Lic. <u>OWNOCC</u>	
Address <u>5628 SOUTH WESTERN AVENUE CHICAGO IL 60636</u>			
Street		City	State Zip
Email: <u>gyassine2012@gmail.com</u>		Phone: <u>(708)945-6151</u>	
Emergency Contact:		Phone:	
Arch./Eng.: <u>OLABODE BECKLEY</u>		Lic. <u>81005475</u>	
Comp./Firm: <u>BECKLEY OLABODE M</u>			
Address <u>343 DANIELLE ROAD MATTESON IL 60443-</u>			
Street		City	State Zip
Email: <u>BEI@BEI-ENG.COM</u>		Phone: <u>(708)720-0375 x</u>	
General Cont: <u>CORNERSTONE PROPERTY REHAB, IN</u>		Lic. <u>TGC005702</u>	
Comp./Firm: <u>CORNERSTONE PROPERTY REHAB, IN</u>			
Address <u>1959 EAST 73RD PLACE BSMT UNIT 1 CHICAGO IL 60649</u>			
Street		City	State Zip
Email: <u>CORNERSTONE62605@SBCGLOBAL.NET</u>		Phone: <u>(773)416-7607</u>	
Mason Cont: <u>WILLIE STALLWORTH</u>		Lic. <u>MC4769</u>	
Comp./Firm: <u>BATISTE MASONRY</u> A, B, or C			
Address <u>166 W. 151ST ST - UNIT 203 HARVEY IL 60426</u>			
Street		City	State Zip
Email: <u>willie372@aol.com</u>		Phone: <u>(708)785-9099</u>	
Elect Cont: <u>CHICAGOLAND ELECTRIC, INC.</u>		Lic. <u>ECC94595</u>	
Comp./Firm:			
Address <u>6114 NORTH SEELEY CHICAGO IL</u>			
Street		City	State Zip
Email: <u>gaylordmccoy61@gmail.co</u>		Phone: <u>773-681-6333</u>	
Vent/Heat Cont: <u>MILLER</u>		VID #: <u>235701</u>	
Comp./Firm: <u>MILLER HEATING & COOLING</u>			
Address <u>1504 W. 63RD ST. CHICAGO IL 60636-</u>			
Street		City	State Zip
Email:		Phone:	
Refrig/AC Cont: <u>MILLER</u>		VID #: <u>235701-1</u>	
Comp./Firm: <u>MILLER HEATING & COOLING</u>			
Address <u>1504 W. 63RD ST. CHICAGO IL 60636-</u>			
Street		City	State Zip
Email:		Phone:	
Plumb. Cont: <u>WAL - MOR GENERAL & MECHANICAL</u>		Lic. <u>BC10400</u>	
Comp./Firm: <u>WAL - MOR GENERAL & MECHANICAL</u>			
Address <u>10901 S. EGGLESTON CHICAGO IL 60628</u>			
Street		City	State Zip
Email: <u>walmorcol@yahoo.com</u>		Phone: <u>(773)785-7667</u>	
Expeditior:		Lic.	
Comp./Firm:			
Address			
Street		City	State Zip
Email:		Phone:	
*Local Architect:		Lic.	
Comp./Firm:			
Address			
Street		City	State Zip
Email:		Phone:	

(* If your licensed Architect is not located in the State of Illinois, you have the option to identify a local Illinois licensed Architect to represent you at DOR to attend meetings and Attend Open Plan Review.)

WARNING TO PROPERTY OWNER/TENANT AND GENERAL CONTRACTOR

I, GHASSAN R. YASSINE, as property owner/tenant, and I, SIDNEY HOWELL III, as general contractor, understand that it is against the law to exceed the scope of a building permit. I understand that if I build, or allow anyone else to build, any building, room addition, structure or other object that differs from, or in any way exceeds, what this permit authorizes me to build, I can and will be severely punished. I understand that if I exceed, or allow anyone else to exceed, the scope of this building permit, I can have my permit revoked; be ordered to stop all work on the project, fined up to \$5,000.00 per day; imprisoned for up to six months; required to do up to 100 hours of community service; required to tear down at my own expense all completed work; and, in addition to any other penalties provided by law, required to reimburse the City up to three times any damages incurred for providing any false or inaccurate information in this building permit application. I understand that all construction work under this proposed permit must conform to the requirements of the Chicago Building Code and, if it does not, I acknowledge that I can and will be severely punished.

Owner Signature [Signature] Date 01/19/14

-or-

Tenant Signature (if applicable) _____ Date _____

and-

General Contractor Signature [Signature] Date 01/19/14

CERTIFICATION BY PROPERTY OWNER/TENANT

I, GHASSAN R. YASSINE, as property owner/tenant, hereby certify that the statements in this application are true; that I have legal authority to do the work authorized by this proposed permit on the property identified in this Application; that all construction work under this proposed permit will conform to the requirements of the Chicago Building Code under possible penalty of prosecution; and that if the construction work authorized under this proposed permit does not conform to the requirements of the Chicago Building Code, I will do whatever is necessary to correct the Code violation. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Owner Signature [Signature] Date 01/19/14

-or-

Tenant Signature (if applicable) _____ Date _____

Does the Owner require a Residential Real Estate Developer's License to do the proposed work at this address? Yes ___ No ___

If yes, license number _____

CERTIFICATION BY EXPEDITOR

I, N/A, as expeditor, hereby certify that the statements in this Application are true. I understand that any false or inaccurate information contained in this permit Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

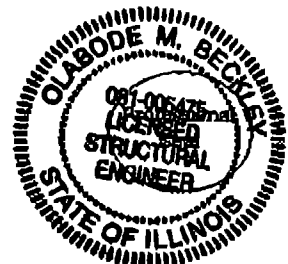
Signature of Expeditor _____ Expeditor No. _____ Date _____

CERTIFICATION BY DESIGN PROFESSIONAL

I, OLABODE M. BECKLEY, as design professional, hereby certify that all information contained in this Application under item numbers 1, 2, 3A, 3B, 3C, 5, 6 and 7 is complete and accurate to the best of my knowledge. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

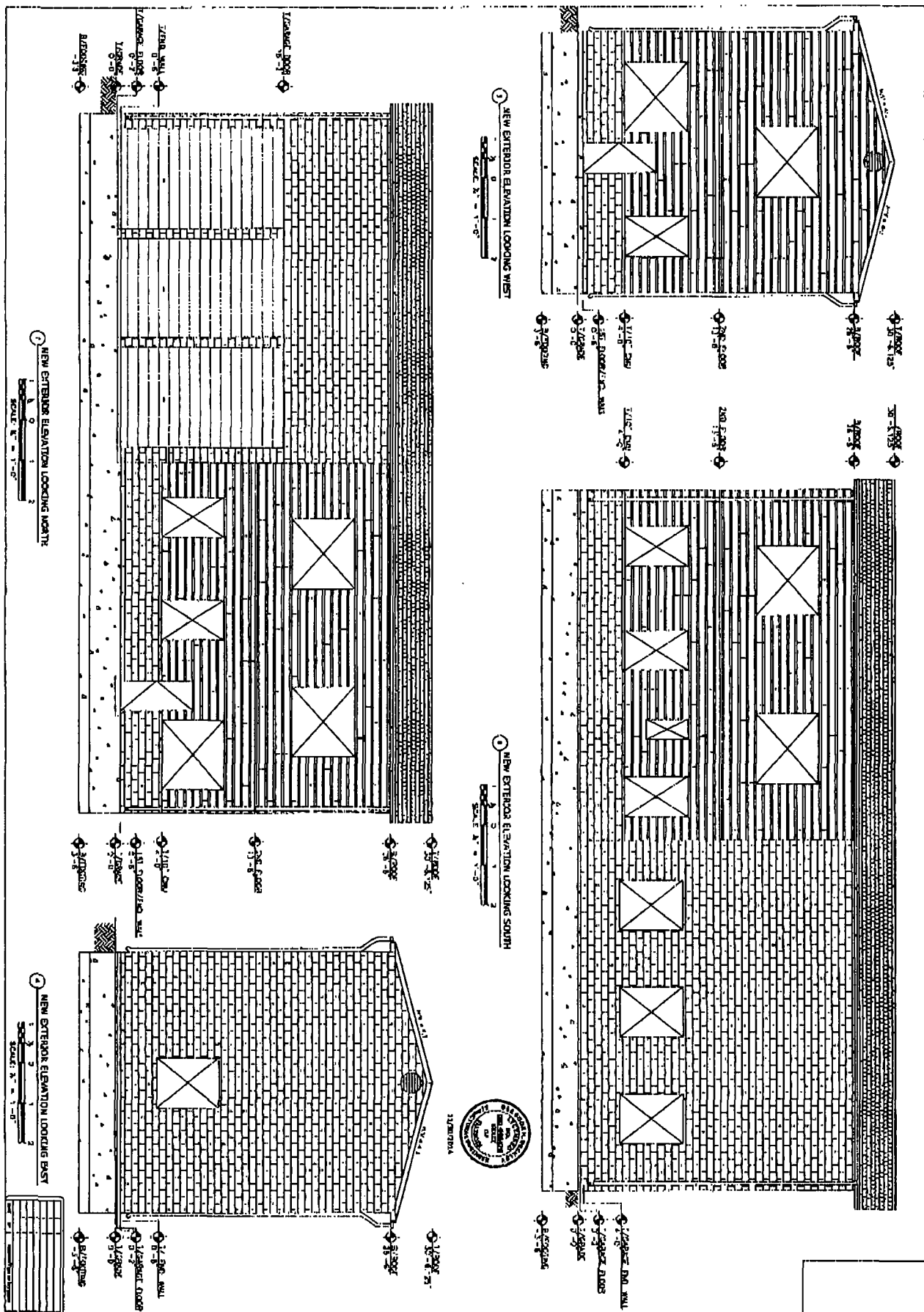
Signature of Licensed Architect or Structural Engineer of Record Date

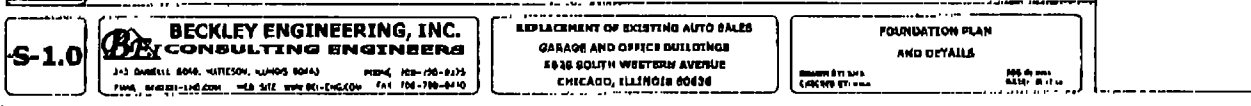
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EXP-11/30/14

DATE: 11/11/78
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VENTILATION SCHEDULE

FLOOR	ROOM NO.	ROOM NAME	OCCUPANCE FACTOR	ACTUAL LIGHT AND VENT		MECHANICAL VENT		RETURN	REMARKS
				SUPPLY	EXHAUST	ACTUAL	ACTUAL		
				AREA (SQ. FT.)	AREA (SQ. FT.)	AREA (SQ. FT.)	AREA (SQ. FT.)	AIR (CFM)	
1ST & 2ND FLOOR	100	MECHANICAL ROOM	5	13.20	3.46	36.33	0	260	NO
	101	OFFICE	1	4.80	4.80	0.00	0	100	NO
	102	OFFICE	1	4.80	4.80	0.00	0	100	NO
	103	OFFICE	1	4.80	4.80	0.00	0	100	NO
	104	OFFICE	1	4.80	4.80	0.00	0	100	NO
	105	OFFICE	1	4.80	4.80	0.00	0	100	NO
	106	OFFICE	1	4.80	4.80	0.00	0	100	NO
	107	OFFICE	1	4.80	4.80	0.00	0	100	NO
	108	OFFICE	1	4.80	4.80	0.00	0	100	NO
	109	OFFICE	1	4.80	4.80	0.00	0	100	NO
TOTAL 1ST & 2ND FLOOR =				66.00	17.00	17.00	0	1700	
TOTAL GARAGE =				651	851	1500	1538		

HEATING SCHEDULE

FLOOR	ROOM NO.	ROOM NAME	BASIS OF HEAT LOSS CALCULATION	HEAT LOSS (BTU/H)	SUPPLY AIR (CFM)	SYSTEM
1ST & 2ND FLOOR	100	MECHANICAL ROOM	6.61	78	36	NO
	101	OFFICE	20.3	8	26	NO
	102	OFFICE	20.3	8	26	NO
	103	OFFICE	20.3	8	26	NO
	104	OFFICE	20.3	8	26	NO
	105	OFFICE	20.3	8	26	NO
	106	OFFICE	20.3	8	26	NO
	107	OFFICE	20.3	8	26	NO
	108	OFFICE	20.3	8	26	NO
	109	OFFICE	20.3	8	26	NO
TOTAL 1ST & 2ND FLOOR =				569.15	817	1700
TOTAL GARAGE =				4384.3	522	572

GAS FURNACE SCHEDULE

EQUIPMENT NO.	LOCATION	MANUFACTURER	MODEL NO.	INPUT (BTU/H)	OUTPUT (BTU/H)	EFFICIENCY (%)	GAS LINE SIZE	REMARKS
1	MECHANICAL ROOM	WILCOX	WILCOX-100	100,000	80,000	80	1/2"	NO

SUPPLY FAN SCHEDULE

EQUIPMENT NO.	LOCATION	MANUFACTURER	MODEL NO.	TYPE	CFM	SP. IN.	WATTS	HP	V/HP/HZ	AMPS
1	MECHANICAL ROOM	WILCOX	WILCOX-100	TYPE 1	100	1/2"	100	1/2	100	1.5

EXHAUST FAN SCHEDULE

EQUIPMENT NO.	LOCATION	MANUFACTURER	MODEL NO.	TYPE	CFM	SP. IN.	WATTS	HP	V/HP/HZ	AMPS
1	MECHANICAL ROOM	WILCOX	WILCOX-100	TYPE 1	100	1/2"	100	1/2	100	1.5

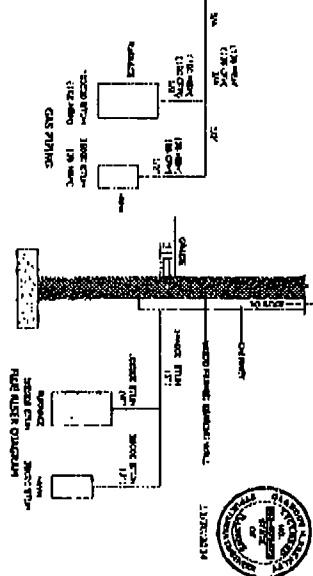
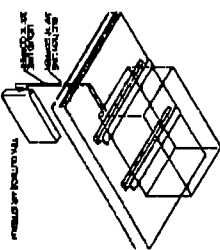
AIR CONDITION UNIT SCHEDULE

EQUIPMENT NO.	LOCATION	MANUFACTURER	MODEL NO.	CFM	TONS	QUANTITY	CM	QUANTITY	HP	V/HP/HZ	AMPS
1	MECHANICAL ROOM	WILCOX	WILCOX-100	100	1/2"	1	200	1	5	100	1.5

REFRIGERATION SCHEDULE

TAG NO.	NO. OF COMPRESSOR	COMPRESSION TON	HP	WEIGHT OF REFRIGERANT (LBS)	WEIGHT OF OIL (LBS)	SEER	LOCATION	AIR COOLED	WATER COOLED
1	1	1.5	1	1.5	1.5	1.5	1.5	1.5	1.5

1. TAG NO. 100 MECHANICAL ROOM COMPRESSOR 1.5 TON 1.5 HP 1.5 SEER 1.5 LOCATION 1.5 AIR COOLED 1.5 WATER COOLED 1.5
2. TAG NO. 101 MECHANICAL ROOM COMPRESSOR 1.5 TON 1.5 HP 1.5 SEER 1.5 LOCATION 1.5 AIR COOLED 1.5 WATER COOLED 1.5
3. TAG NO. 102 MECHANICAL ROOM COMPRESSOR 1.5 TON 1.5 HP 1.5 SEER 1.5 LOCATION 1.5 AIR COOLED 1.5 WATER COOLED 1.5
4. TAG NO. 103 MECHANICAL ROOM COMPRESSOR 1.5 TON 1.5 HP 1.5 SEER 1.5 LOCATION 1.5 AIR COOLED 1.5 WATER COOLED 1.5

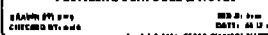


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BECKLEY ENGINEERING, INC.
CONSULTING ENGINEERS
1000 S. MICHIGAN AVE. SUITE 1000
CHICAGO, IL 60605
TEL: 312.566.1000 FAX: 312.566.1001
WWW.BECKLEYENGINEERING.COM

REPLACEMENT OF EXISTING AUTO SALES
GARAGE AND OFFICE BUILDING
8036 SOUTH WESTERN AVENUE
CHICAGO, IL 60620
TEL: 312.566.1000 FAX: 312.566.1001
WWW.BECKLEYENGINEERING.COM

MECHANICAL SCHEDULES
AND DIAGRAMS
DRAWN BY: J. H. B. CHECKED BY: J. H. B.
DATE: 11/11/13



Aug 21 13 09:30a

M & G Auto Repair

773-533-4030

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