



Office of the Chicago City
Clerk



Or2011-867

Office of the City Clerk

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 elevation)
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

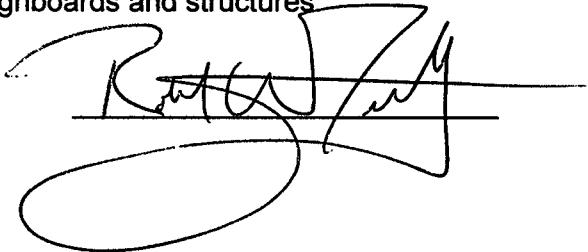
North Elevation Building Sign

Dimensions: Length 32'-6" Height 7'-1"

Height above grade / roof to top of sign 119'-4"

TOTAL SQUARE FOOT AREA 230

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 100400036	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	_____
	Check # for Zoning
	Check # for DCAP

TYPE OF SIGN FLAT OR BOX					
LENGTH	FT. 32	IN. 6	HEIGHT	FT. 7	IN. 1
AREA	SQ. FT. 230	WEIGHT		LBS. 300	
SIGN HEIGHT ABOVE GRADE/ROOF					FT. 119
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"/> N	FEEDERS		<input checked="" type="checkbox"/> Y
			CUSTOMER LEADS		
TYPE OF SWITCH KNIFE					
LOCATION OF SWITCH LISTED FLUSH TOGGLE					
SIGN LOCATION NORTH ELEVATION PRIVATE PROPERTY ILLUMINATED CHANNEL LETTER BUILDING SIGN WITH LOGO (FLUSH-MOUNT) FACING CONGRESS STREETFRONTAGE. 119'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
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>	IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST
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	TIME STAMP
TOTAL STREET FRONTAGE OF LOT (IN FEET) _____ 630 TOTAL AREA OF NEW SIGN (SQ.FT.) _____ 230 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) _____ 635 HEIGHT OF SIGN ABOVE GRADE (TO TOP) _____ 126ft 1in	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE OF CURB LINE OUTER EDGE (ft) _____ 25 DISTANCE OF STRUCTURE INNER EDGE (ft) _____ 25 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
SIGN SITE PLAN
 (ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

DOB # 100400036

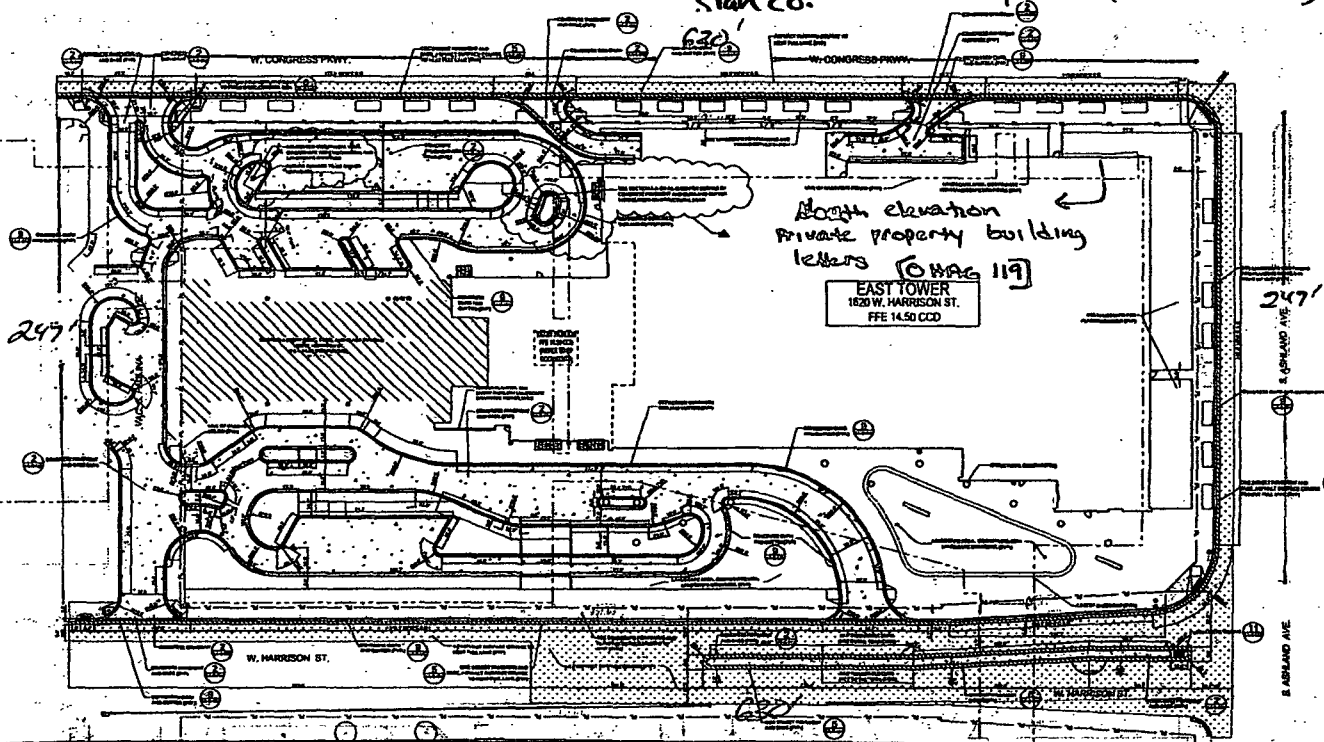
Rush University
 Medical Center

Site Address: 1620 W. Harrison St. 60612

1 of 3 applications

Sign Company: Flashtrac Inc division of Turk Electri Rep Name: Angela (773-736-9300)
Sign Co.

PERKINS
 + WILL



PD 30

South

SIGN USE:

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

Advertising (Off-premise)

PERMIT TYPE:

New Construction
 Change of Face _____
 Previous Permit # _____

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:

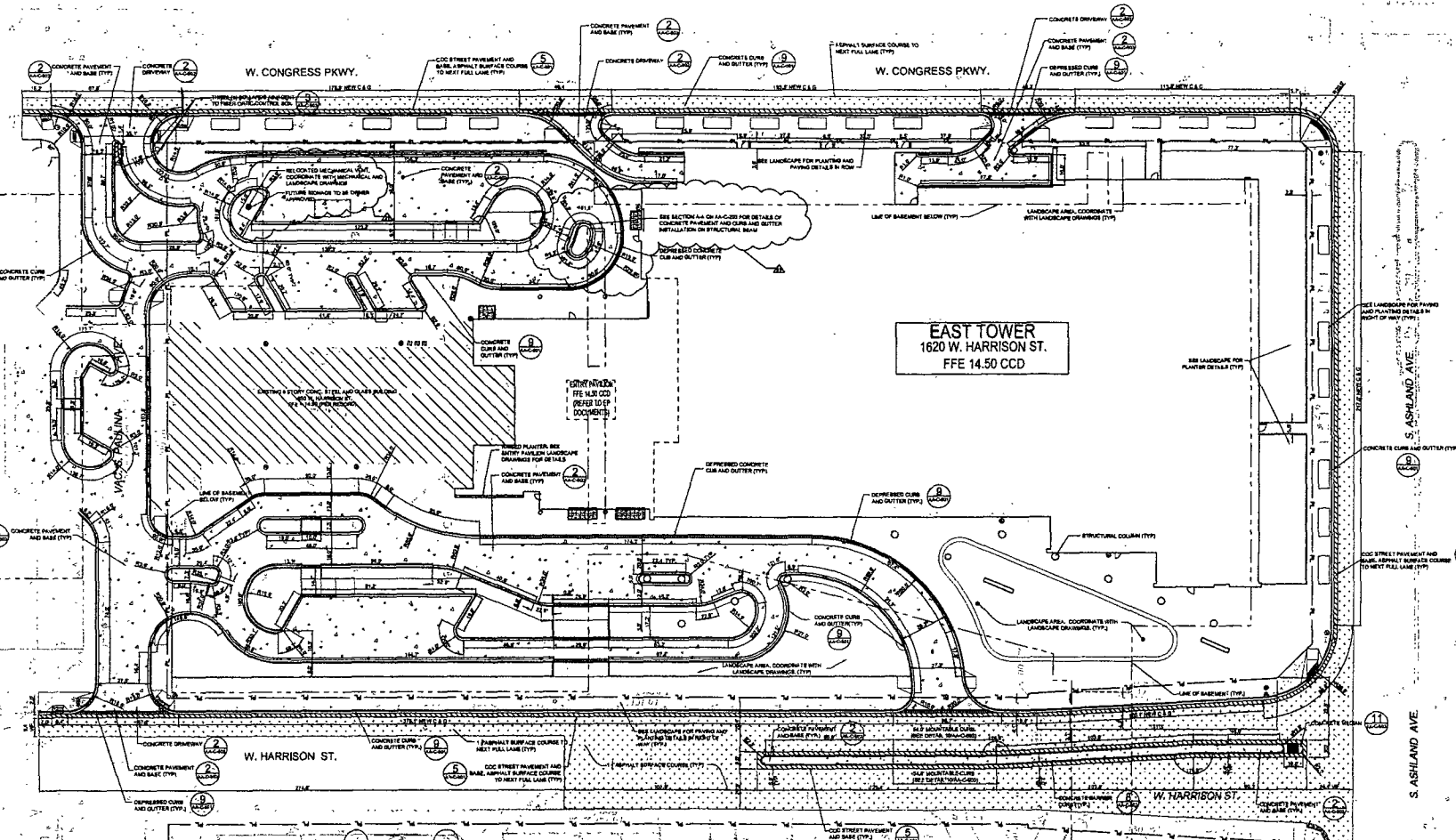
Curb Line: 25'
 Expressway, Toll Roads
 or Major Route
 (n/a if over 1000 ft) N/A
 Park (over 10 acres) 9.999
 Residential Zone 9.999
 Existing Off-premise on
 same side of street: N/A

TOTAL SQUARE FOOTAGE:

Square footage of this proposed sign 230
 Gross area of all proposed signs 643
 Area of all existing signs
 (not including proposed) on Zoning Lot 0

Signature: _____

Date: 6.24.11



EAST TOWER
1620 W. HARRISON ST.
FFE 14.50 CCD

LEGEND AND ABBREVIATIONS:

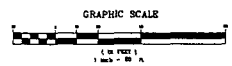
- PROPERTY LINE
- CONCRETE PAVEMENT AND BASE
- ASPHALT SURFACE COURSE
- PROPOSED BUILDING
- EXISTING BUILDING
- CCC STREET PAVEMENT AND BASE
- CONCRETE CURB AND OUTER
- DEPRESSED CURB AND OUTER
- LINE OF FLOOR ABOVE
- LINE OF BASEMENT BELOW
- FINISHED FLOOR ELEVATION
- CHICAGO CITY DATUM

1/8" = 1' AS SHOWN	DATE	FILE
1/8" = 1' AS SHOWN	DATE	FILE

Sheet Information	
Date	02/02/07
Job Number	0204007
Discipline	CE
Designer	DT
Approver	JS
Scale	1/8" = 1'

SITE DIMENSION PLAN

AA-C-201



LETTERS (Illuminated)

QUANTITY

- 1 2 3 4 Other

SURVEY

- N/A Required Completed

VOLTAGE

- 120v 277v Other

LIGHTING

- Neon
 LED
 Fiber Optics
 Other

- Face-Lit Remote

- Face-Lit Raceway

- Face-Lit Self-Contained / Venetex

INSTALLATION

- Flush to wall

1 FACE LOGO

- RETURNS**
 White Acrylic Face, w/ 1st. Surface 3630-26 Green Film

- TRIMCAP**
 Paint to match 3630-26 Green

- LED's**
 Paint to match 3630-26 Green

- LED's**
 White LED's

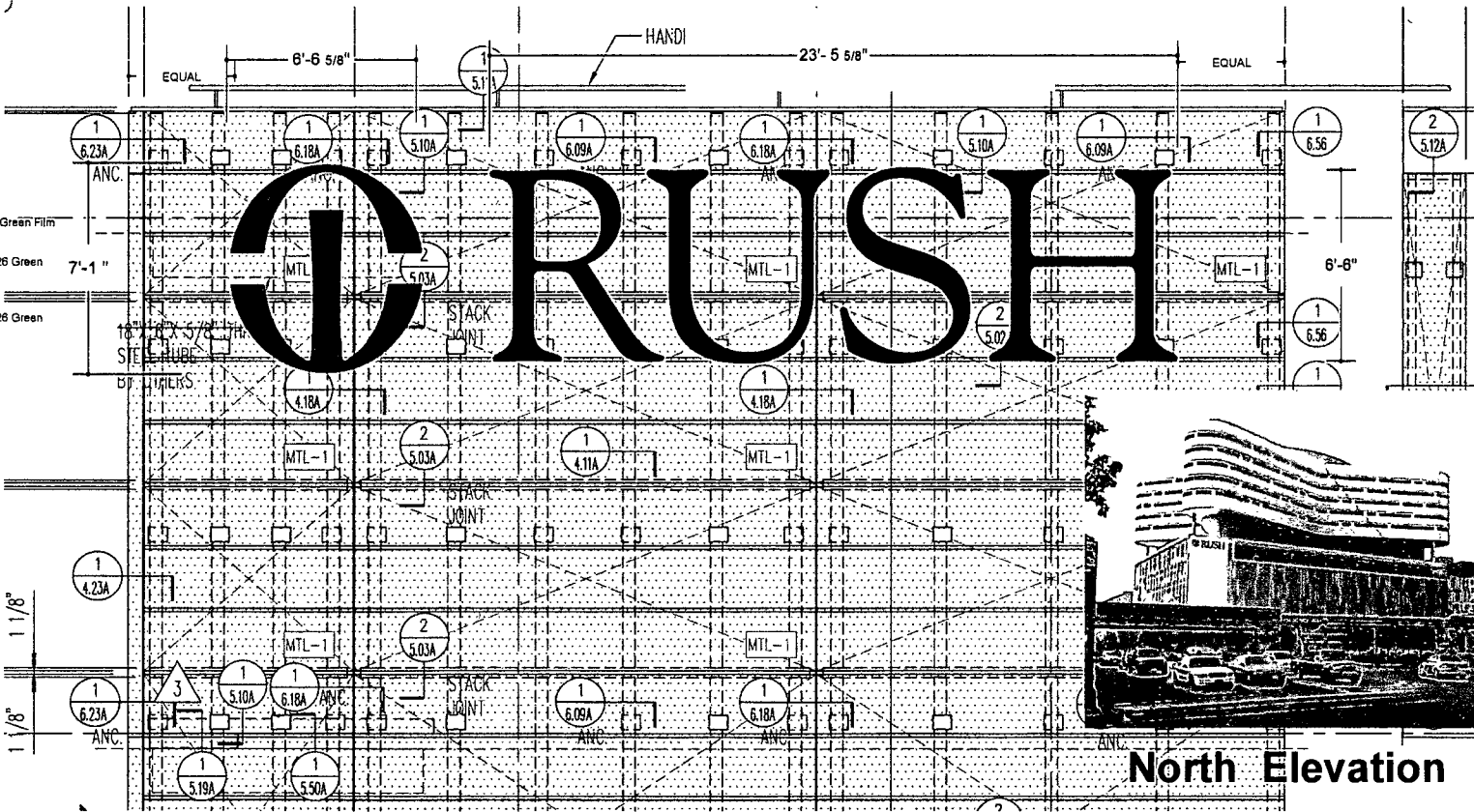
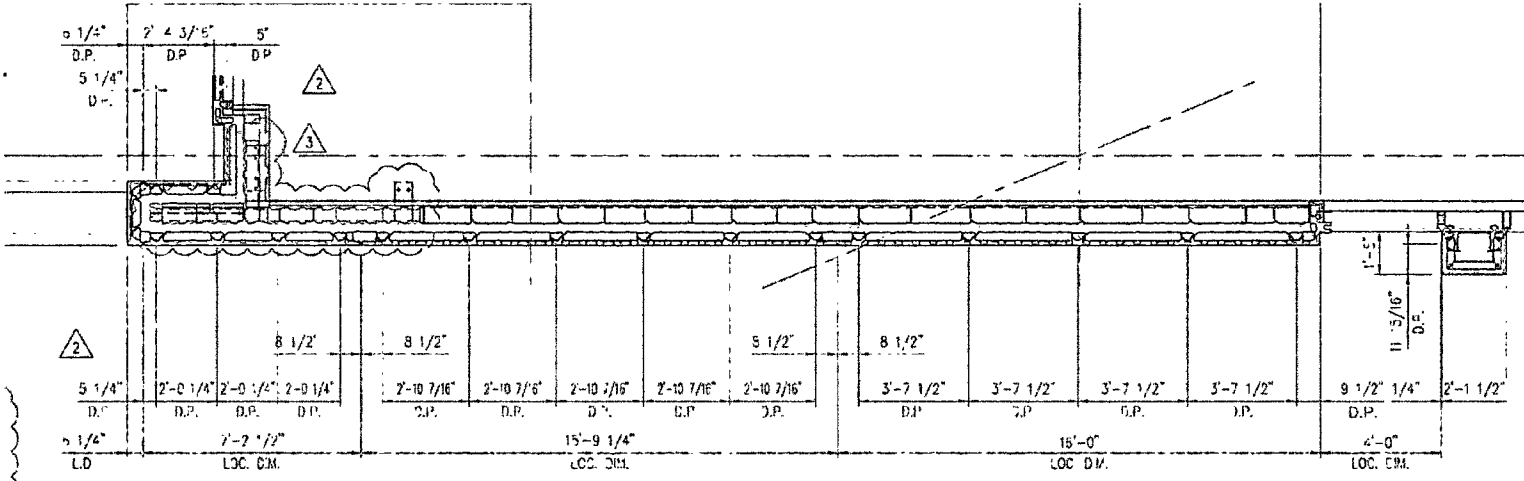
2 FACE LTRS

- RETURNS**
 White Acrylic Face, w/ Perforated Black Film

- TRIMCAP**
 Black

- LED's**
 Black

- LED's**
 White LED's



North Elevation



POBLOCKI
SIGN COMPANY

414.453.4910 fax: 414.453.3070
 922 S. 70th St., West Allis WI 53214

POBLOCKI.COM

PROJECT:

RUSH
 Rush University
 Medical Center

Chicago, IL

The document represents only an approximation of material colors specified. Actual product colors may vary from this print or digital image.

CUSTOMER APPROVAL:

AUTHORIZED SIGNATURE

DATE

JOB ORDER NO.

J

REVISION NO.

02 glm 3 / 1 / 2011 size

MISSING INFORMATION

- Color (s)
 Copy
 Accurate size (s)
 Clean artwork
 Other

REPRESENTATIVE

Chuck Amundson

DRAWN BY GLM

DATE 2 / 18 / 2011

SCALE 1/4" = 1'-0"

SHEET 03

DRAWING NO. 51173



POBLOCKI
SIGN COMPANY

414.483.4018 Fax: 414.483.3070
922 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.
TJL 3/01/11

2 ADDED TOTAL WEIGHT.
TJL 3/07/11

3 ADDED DETAIL TO 03c.
TJL 6/13/11

4.

5.

6.

APPROPRIATE

CHUCK AMUNDSEN

DRAWN BY

TJL

DATE

2/26/11

SCALE

AS NOTED

SHEET

03a

DRAWING NO.

51173

FABRICATED 5" DEEP FACE-LIT LETTERS:

- .080" THK. ALUMINUM BACKS
- .050" THK. ALUMINUM RETURNS
- 3/16" THK. WHITE ACRYLIC FACES w/
PERFORATED BLACK FILM
- 1" JEWELITE TRIM CAP
- INTERNALLY ILLUMINATED w/ GE
TETRA MINIMAX L.E.D.'S

3/16" THK. FORMED ALUMINUM
MOUNTING RAIL

39'-5 3/4"

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

3'-11"

6'-6 5/8"

23'-5 5/8"

3'-11"



E-03c

EXISTING 3/8" x 6" x 5/8" THK.
STEEL TUBE BEHIND WALL.
(VERIFY WE WILL BE ABLE TO
PENETRATE FOR ELECTRICAL)

#12-14 x 2" LONG S.S. HEX HEAD
SELF TAPPING SCREWS w/ NEOPRENE
WASHER (2 @ EACH VERTICAL)

FABRICATED ALUMINUM POWER
SUPPLY ENCLOSURES BEHIND WALL
@ EACH ELECTRICAL PENETRATION

EXISTING METAL WALL PANELING

EXISTING VERTICAL EXTRUDED
ALUMINUM SUPPORTS

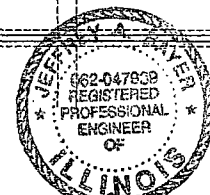
*NOTE: SEE DESIGN SKETCH FOR
COLOR & COPY LAYOUTS

NORTH ELEVATION SCALE: 3/8"=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



SIGN STYLE: FACE-LIT LETTERS
COPY: AS NOTED*

LIGHTING: GE MINIMAX WHITE LED
QUANTITY: (1) SET



POBLOCKI
SIGO COMPANY

414.453.4010 Fax: 414.453.3076
522 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.
- 2.
- 3.
- 4.
- 5.
- 6.

REPRESENTATIVE

CHUCK AMUNDSEN

DRAWING BY

TJL

DATE

2/28/11

SCALE

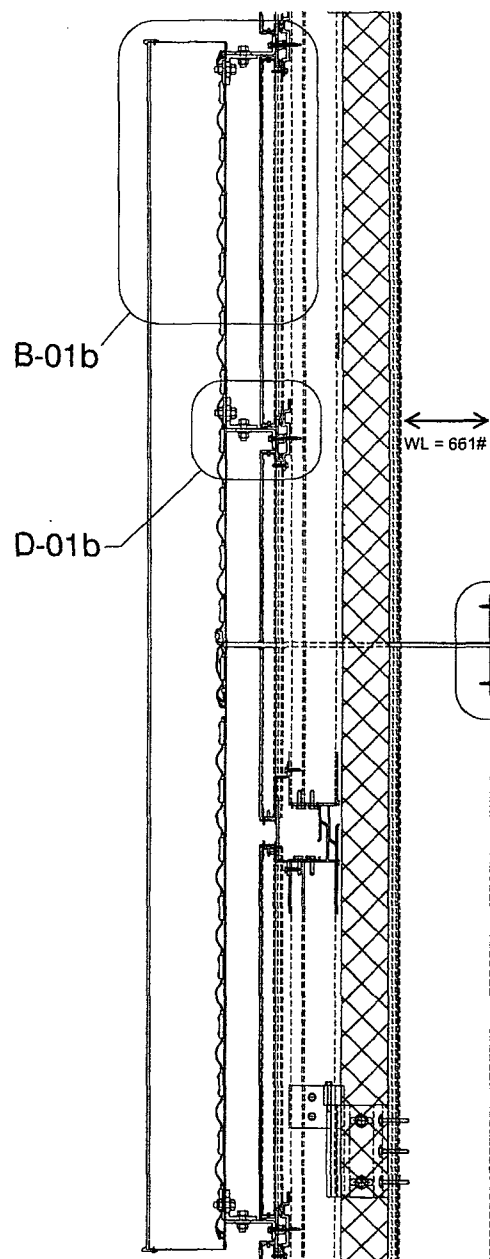
AS NOTED

SHEET

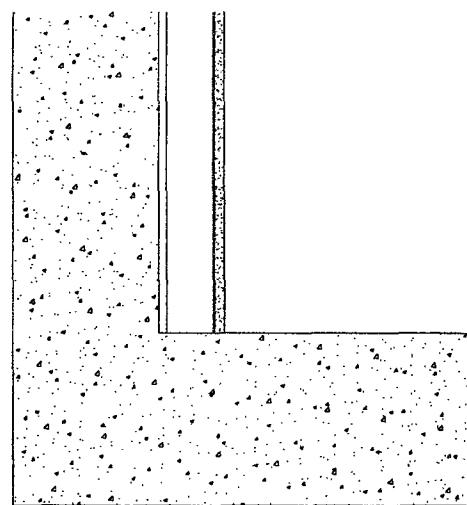
03b

DRAWING NO

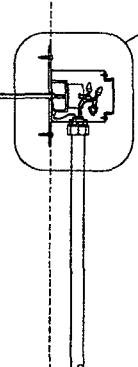
51173



SECTION A-03b SCALE: 1/2"=1'-0"

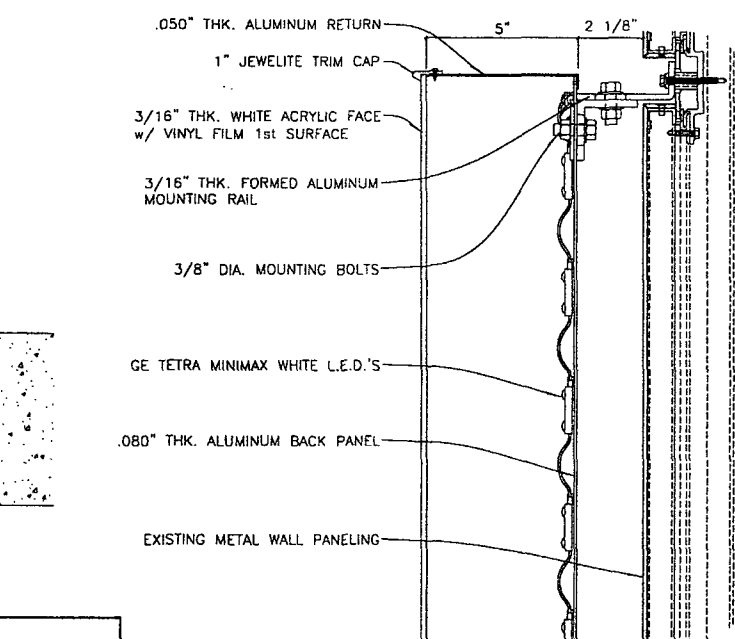
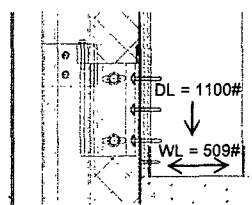


DETAIL F-03b SCALE: N.T.S.
CONNECTION AT TYPICAL SLAB

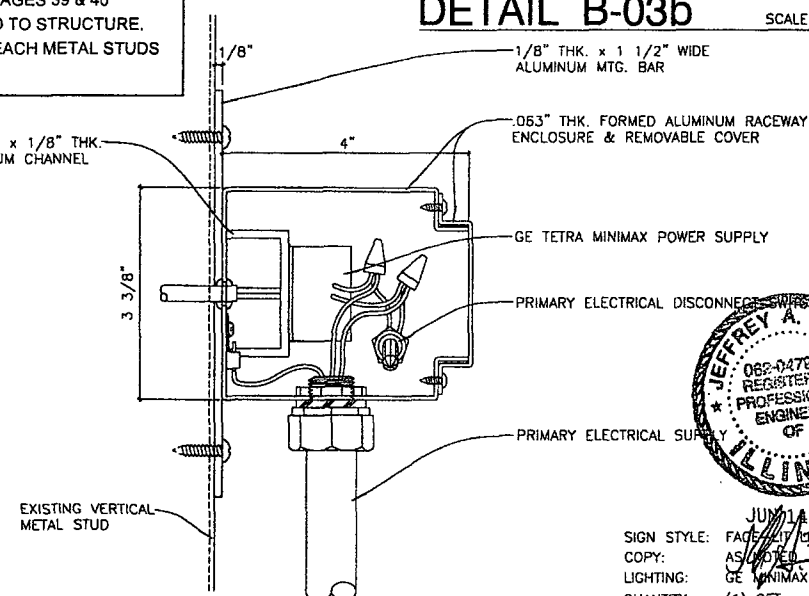


NOTE:
1. SEE CDC CALCULATION PAGES 39 & 40 FOR LOAD TRANSFERRED TO STRUCTURE.
2. LOADS ARE APPLIED TO EACH METAL STUDS SPACED AT 24" O.C.

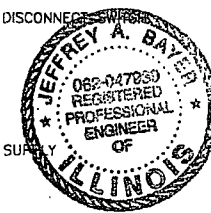
SILICONE SEALANT @ DENS-GLASS PENETRATION FROM INSIDE (TYP.)
SEAL ALL ELECTRICAL PENETRATIONS PER METAL WALL PANEL MANUFACTURERS SPECIFICATIONS



DETAIL B-03b SCALE: 3"=1'-0"



DETAIL C-03b SCALE: 6"=1'-0"



SIGN STYLE: FACED CENTERS
COPY: AS NOTED
LIGHTING: GE MINIMAX WHITE LED
QUANTITY: (1) SET

JUN 11 2011



POBLOCKI
SIGN COMPANY

414.453.4810 Fax: 414.453.3070
922 N. 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 ADDED SLOT & SMUG NOTE
T.JL 5/4/11

2 REVISED SPACER.
T.JL 5/31/11

3 ADDED FASTENER DETAIL
T.JL 8/13/11

4.

5.

6.

REPRESENTATIVE

CHUCK AMUNDSEN

DRAWN BY

T.JL

DATE

2/28/11

SCALE

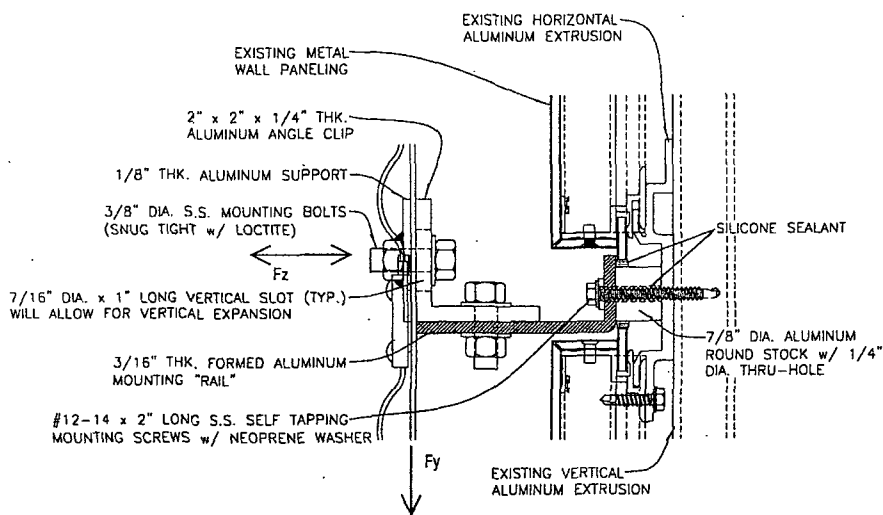
AS NOTED

SHEET

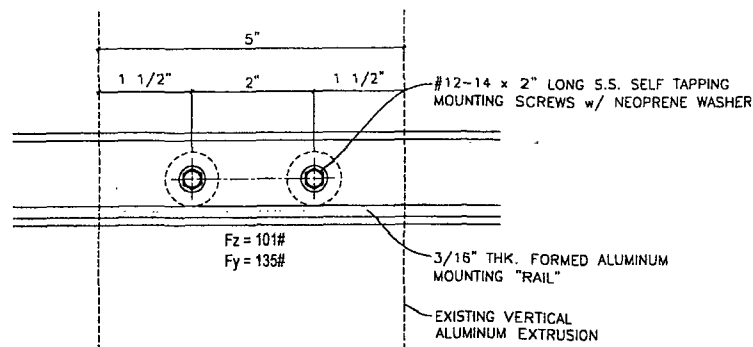
03c

DRAWING NO.

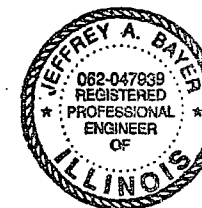
51173



DETAIL D-03c SCALE: 6"=1'-0"



DETAIL E-03c SCALE: 6"=1'-0"
(TYPICAL)



JUL 14 2011

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