



# City of Chicago



Or2016-658

Office of the City Clerk

## Document Tracking Sheet

|                                 |  |
|---------------------------------|--|
| <b>Meeting Date:</b>            | 11/16/2016   |
| <b>Sponsor(s):</b>              | Mell (33)  |
| <b>Type:</b>                    | Order  |
| <b>Title:</b>                   | Issuance of permits for sign(s)/signboard(s) at 2933 N<br>Elston Ave |
| <b>Committee(s) Assignment:</b> | Committee on Zoning, Landmarks and Building Standards                |

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

**T.A. Cummings Jr., Co  
4153 Main St.  
Skokie, IL 60076**

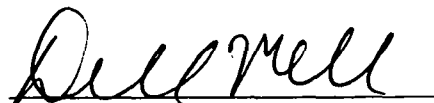
For the erection of a sign / signboard over twenty-four (24) feet in height and / or over one hundred (100) square feet (in area of one face) at:

**2933 N. Elston Av  
Chicago, IL 60618**

With the following Dimensions, height, and square foot area:

**Dimensions: Length: 4 feet Height , 38 feet Length  
Height Above Grade / Roof to top of Sign: 10 feet  
Total Square Foot Area: 152 Square Feet**

Such signs shall comply with all 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, sign boards, and structures.



DEBORAH MELL  
Alderman, 33<sup>rd</sup> Ward



# APPLICATION TO USE THE PUBLIC RIGHT OF WAY

## APPLICANT INFORMATION

LEGAL NAME OF ENTITY: CLASSIC HAND CARWASH & DETAIL CENTER INC.  
 PERMIT MAILING ADDRESS: (SAME) 2933 N. ELSTON AVE CHICAGO  
 CITY: CHICAGO STATE: IL ZIP CODE: 60618  
 CONTACT PERSON: MAURICIO MONA TITLE: OWNER  
 PHONE: 708-7401810 FAX: 708 2989340 E-MAIL:

## BUILDING OWNER INFORMATION

NAME: MUKIAN MARDING  
 ADDRESS: 2937 N. ELSTON AVE  
 CITY: CHICAGO STATE: IL ZIP CODE: 60618  
 PHONE: 773-588-0080 FAX: E-MAIL:

## USE OF THE PUBLIC WAY

- List the proposed or existing use below and complete the worksheet on page 8.  
 Use only one application for each public way use type.

| TYPE  |  |                                  |  |
|---|--|----------------------------------|--|
| <input checked="" type="checkbox"/> Electrical Sign | <input type="checkbox"/> Digital Imaging | <input type="checkbox"/> Canopy  | <input checked="" type="checkbox"/> Awning |
| <input type="checkbox"/> Non-Electrical Sign        | <input type="checkbox"/> Banner          | <input type="checkbox"/> Marquee | <input type="checkbox"/> Light Fixture     |
| HOW MANY?   | <u>2</u>                                 |                                  |  |
| BUILDING ADDRESS:                                   | <u>2933 N. ELSTON AVE CHI-IL 60618</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: [Signature]

TITLE: Manager

## ALDERMAN'S APPROVAL

As part of this application process, you are required to notify/seek approval from the Alderman in whose ward your proposed use of the public way is located.

ALDERMAN'S SIGNATURE: [Signature]

DATE: 12/19/15

WARD: 33

Approval shall not be withheld for any reason relating to the language, content or message contained in or implied by the sign, canopy, awning, banner or marquee for which the permit is sought. If aldermanic signature indicating approval is not received by BACP within 60 days of submission of the application to the alderman then, provided the application is complete and accurate and the applicant is not in violation of any pertinent provision of the Municipal Code, the application shall be deemed approved by the BACP and processed for submission to the City Council as a Mayoral Introduction.

Approve Reason(s):

Do Not Approve Reason(s):



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |
|--|--|
| PRODUCER<br>T.A. Cummings Jr. Co.<br>4153 Main St. | CONTACT NAME: Joanna Vogelsberg<br>PHONE: (847) 679-7350<br>FAX: (847) 679-7361<br>E-MAIL ADDRESS: |
| INSURER(S) AFFORDING COVERAGE                      | NAF #  |
| INSURER A: Amco Insurance Co                       | 19100  |
| INSURER B:   |  |
| INSURER C:   |  |
| INSURER D:   |  |
| INSURER E:   |  |
| INSURER F:   |  |

Skokie IL 60076

INSURED  
CLASSIC CAR WASH INC  
2933 N ELSTON AVE

CHICAGO IL 60618-7907

COVERAGES CERTIFICATE NUMBER: 15/16GL REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| PER LITE | TYPE OF INSURANCE   | ADDITIONAL INSURER                       | POLICY NUMBER    | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS   |
|----------|---|--|------------------|-------------------------------|-------------------------------|--|
| A        | GENERAL LIABILITY   |  | ACPB9A3016616650 | 4/1/2015                      | 4/1/2018                      | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |  |                  |                               |                               | DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |  |                  |                               |                               | MED EXP (Any one person) \$ 5,000                    |
|          |   |  |                  |                               |                               | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | GENL AGGREGATE LIMIT APPLIES PER:   |  |                  |                               |                               | GENERAL AGGREGATE \$ 2,000,000                       |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC                            |  |                  |                               |                               | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|          | AUTOMOBILE LIABILITY  |  |                  |                               |                               | COMBINED SINGLE LIMIT (Per accident) \$              |
|          | <input type="checkbox"/> ANY AUTO   |  |                  |                               |                               | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS |                  |                               |                               | BODILY INJURY (Per accident) \$                      |
|          | <input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> NON-OWNED AUTOS |                  |                               |                               | PROPERTY DAMAGE (Per person) \$                      |
|          | UMBRELLA LIAB   | <input type="checkbox"/> OCCUR           |                  |                               |                               | EACH OCCURRENCE \$                                   |
|          | EXCESS LIAB   | <input type="checkbox"/> CLAIMS-MADE     |                  |                               |                               | AGGREGATE \$   |
|          | DED RETENTION \$  |  |                  |                               |                               | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |  |                  |                               |                               | WC STATUS (BY LIMITS) OTHER                          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Ill) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N                                      | N/A              |                               |                               | EL EACH ACCIDENT \$                                  |
|          |   |  |                  |                               |                               | EL DISEASE - SA EMPLOYEE \$                          |
|          |   |  |                  |                               |                               | EL DISEASE - POLICY LIMIT \$                         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 001, Additional Remarks Schedule, if there spaces to require it)  
Re: Awing, Sign Light Fixtures and Sidewalk Cafe at 2933 N. Elston, Chicago, IL 60618. City of Chicago is a primary/noncontributory additional insured as respects general liability as per policy terms & conditions.

CERTIFICATE HOLDER

CANCELLATION

City of Chicago  
Department of Business Affairs and Consumer Protection, Public Way Use Unit  
121 North LaSalle Street  
Room 800  
Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Scott Cummings/JV

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

12/22/2015 - Anthony Bertuca

|                |  |
|----------------|--|
| DBA Name       | <u>CLASSIC HAND CARWASH &amp; DETAIL CENTER INC.</u> |
| Location       | <u>2933 N. ELSTON AVE.</u>                           |
| Zip Code       | <u>60618</u>   |
| Account Number | <u>389507</u>  |
| Site Number    | <u>1</u>   |
| Arca           | <u>PERMIT</u>  |
| Permit Type    | <u>AWN</u>   |
| Permit Number  | <u>1120973</u>                                       |

Next steps: Department of Buildings – Permit process for signs

Your Public Way Use permit number is shown above. This number is to be used for each item on your DOB application and is needed for the Buildings (DOB) online sign application located @ [www.cityofchicago.org/buildings](http://www.cityofchicago.org/buildings). All signs, canopies, banners, marquees and awnings require a buildings permit. Only a licensed sign erector may apply for the Buildings permit online. The Buildings permit application will ask for the Public Way Use permit number supplied above. For additional information please contact the Buildings Department at (312) 744-3400.

Please return the completed Public Way Use application to City Hall - 121 N. LaSalle Street, Chicago, IL 60602 Room 800. The completed application package must include a copy of the completed DOB application and the Public Way Use application. The Public Way Use application must contain the Alderman's signature, site plans on 8 1/2 X 11 paper, photos of the item(s), the signed Acceptance letter and a copy of the insurance certificate. For additional information please contact BACP at 312-74-GOBIZ / 312-744-6249.

# CLASSIC HAND CAR WASH

2933 N. ELSTON AVE. CHICAGO IL 60618

