

City of Chicago

Office of the City Clerk

Tracking Sheet



O2011-658

Meeting Date:

Status:

Sponsor(s):

Type:

Title:

Committee(s) Assignment:

1/13/2**0**11

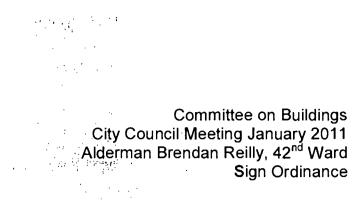
Introduced

Reilly, Brendan (42)

Ordinance

Install Sign(s)/Signboard(s) 1133 N Dearborn St

Committee on Buildings



ORDINANCE

Be it ordained by the City Council of the City of Chicago:

Section 1. That the Commissioner of Buildings is hereby authorized and directed to issue a sign permit to <u>Flashtric Incorporated</u>, <u>Division of Turk</u> <u>Electric Sign Company</u>, 3434 North Cicero Avenue, Chicago, Illinois 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 the <u>1133 North Dearborn</u> <u>LLC</u>, <u>1133 North Dearborn Street</u>, <u>Chicago</u>, Illinois 60610 with the dimensions, height and square foot area:

Dimensions:length:<u>16'</u>height:<u>8'</u>Height above grade/ roof to the top of the sign:23'

Total Square foot area: 138 square feet

Elevation:

<u>North</u>

Notwithstanding any provisions of Title 17 of the Municipal Code, of the City of Chicago (the Chicago Zoning Ordinance) to the contrary, the Commissioner of Buildings is hereby directed and authorized to issue a sign permit to the address referenced within this ordinance.

Section 2. This ordinance shall be in force and effect from and after its passage and due publication.

Brendan Reilly Alderman, 42nd Ward

	EPARTI	MEN	TOF	= B	UII			35
	S	ign Permit	Applicati	on				
APPROVAL NUMBER	APPLICATION NUMBER	ANNUAL FEE	w	ORK CODE		DRAW ATTAC		YES
DATE OF APPLICATION	10/14/2010		TYPE OF SION	AWNING	; ;			
ADDRESS OF SIGN 1133 N DEARBORN ST	r, 60610-		LENGTH	ft. 16	או. 0	HEIGHT	FT. 8	и 0
BUILDING	ORIGINAL PERMIT NUMBER		AREA	sq. ft. 128		WEIGHT		lbs 200
TYPE OF PERMIT NEW CONS	FRUCTION (SIGN)		SIGN HEIGHT ABOV	E GRADE/ROOP				гт. 23
PAYER OF ANNUAL INSPECTION TRAMBAS, STACY 1333 N KINGSBURY CHICAGO, IL 60642 (312)337-2200			SHAPE OF SIGN R SIGN WILL READ 21 WEST ELM	EGULAR ST SHOPPE:	S		E	
SIGN MANUFACTURER UNKNOWN		······	NO. OF LAMPS			TOTAL WATTA	GE	
ADDRESS WHERE SIGN CAN BE SEEN PR	IOR TO ERECTION		TYPE OF LAMP			· · · · ·		
TICKET NUMBER REIN	NSPECTION CONTROL NUMBER		NO. OF BALLAST	RANSFORMERS		INPUT OF	FRANSFORMERS	
0 TYPE OF SUPPORT FOR SIGN BUI	ILDING		CONTRACTOR	WILL INSTALL			EADS	
SIGN BOARD SUPPORT MEMBERS	STEEL		TYPE OF SWITCH					
ANNUAL FEE	400.00		LOCATION OF SWITCH					
IOIT B FEE TOTAL FEE AMOUNT PAID	400.00	ck # for Zoning	SIGN LOCATION EXISTING RED AWNING ON BUILDING ENTRANCEWAY FACING ELM ST READS (BLDG ADDRESS) 21 WEST ELM ST SHOPPES					
BALANCE DUE	\$ 400.00							

The undersigned certify that the statements in this sunlication are true and concet and that all work dnne under the nonnosed neurit will confirm to the reourcements of the Chicano Municinal Code

	REG. NO.	BOND, NO,	REG. NO	N92382
ELECT CONTR		SIGN ERECTOR TURK ELECT. SIGN CO.		SIGNER
ADDRESS		ADDRESS 3434 N. CICERO CHICAGO XXX IL, 60641		
SUPERVISOR SIGNATURE		SIGNATURE		<u></u>

The permit issued on this application will authorize only signs here applied for. If other signs are to be crected they must be covered by additional permits

City of Chicago Richard M. Daley, Mayor

PEDIA INT WED OF MILADA



40.4.400000404

Department of Buildings Richard Monocchio, Commissioner

TYPE OF BUSINESS RES GRP LIVING Other. PROPERTIES	SIGN BOND REQUIRED?	yes
Name: PLANNED PROPERTY	COUNCIL ORDER REQUIRED	X yes
*LIC #:	IS SPECIAL PERMISSION REQUIRED FROM	M CHIEF ELECTRICAL
Projects Over:		
N Private Property Y Public Way Grant Permit #: 1093460	if yes, attach letter of request	
X Planned Development/Manufacturing PMD/PD#: PD344 Zoning District: OTHER Other: PD344	TIME STAMP	
TYPE OF SIGN: ADVERTISING ILLUMINATE MOVEABLE X BUSINESS FLASHING		
	50	
TOTAL AREA OF NEW SIGN (SQ.FT.)	28	
TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.)	28	
HEIGHT OF SIGN ABOVE GRADE (TO TOP) 31 ft (lin	
DISTANCE OF CURB LINE OUTER EDGE (ft)	13 SIGN CLERK	APPROVED FOR PERMIT
DISTANCE OF STRUCTURE INNER EDGE (ft)	17	
DISTANCE FROM (ft):	REMARKS	
A. PUBLIC PARK (OVER 10 ACRES) 1,0	00	
8. EXPRESSWAY (IF LESS THAN 1,000 FT.) 9,9	99	
C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) 1,0	00	
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?		
Original Payee:		
Landmark Hold: Status:		
ZONING (OFFICE USE ONLY)		

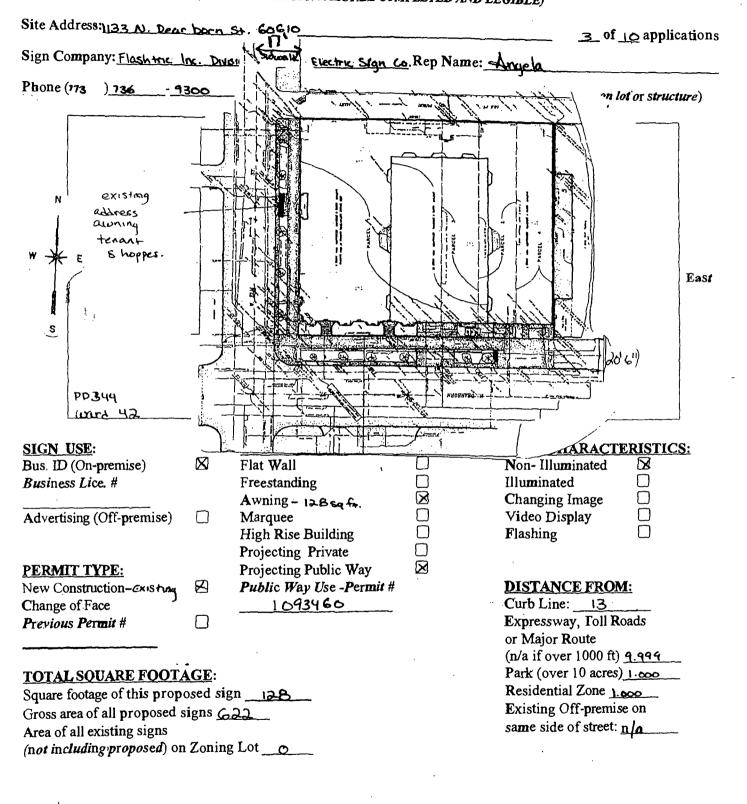
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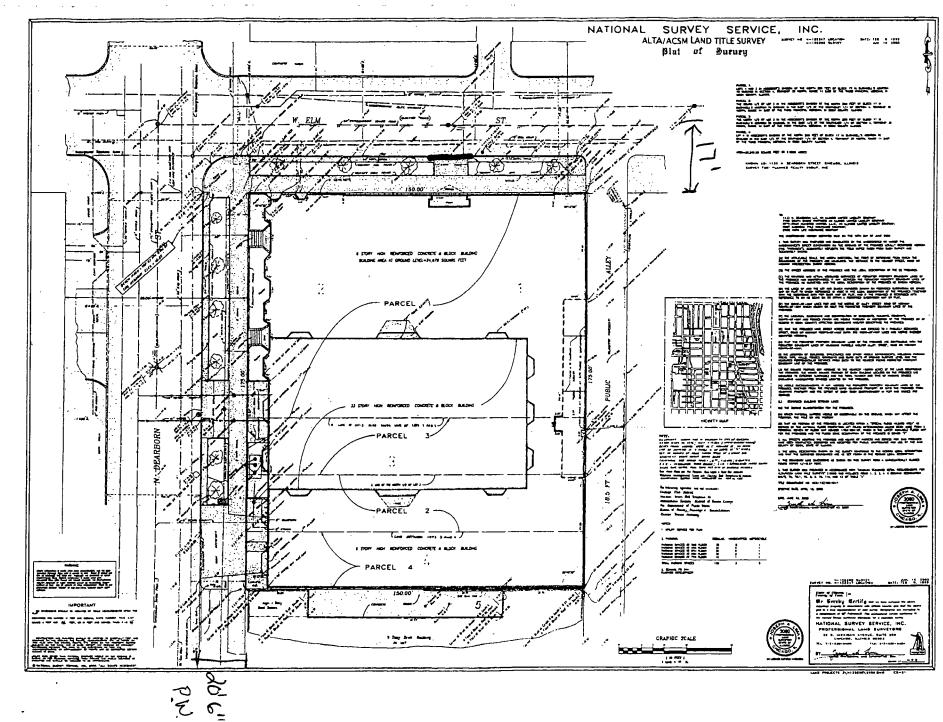
CITY OF CHICAGO DEPARTMENT OF ZONING AND LAND USE PLANNING SIGN SITE PLAN (ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)



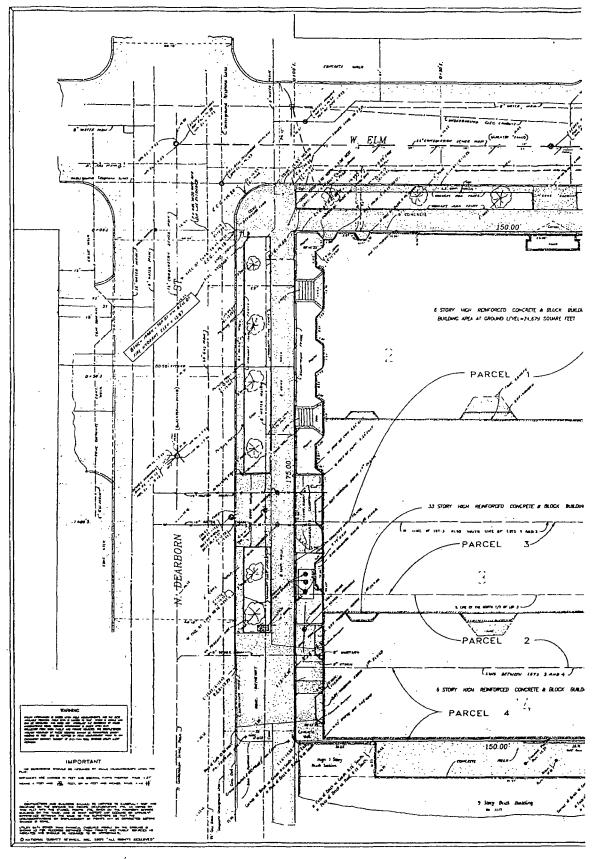
Signature :__

(Revised 4/10)

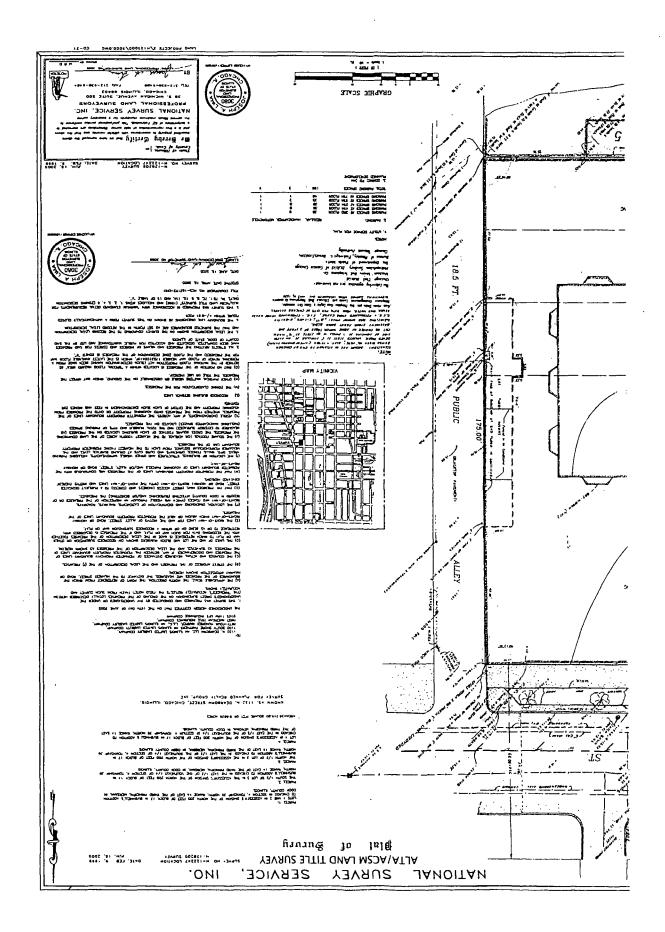
Date: 16-14-10

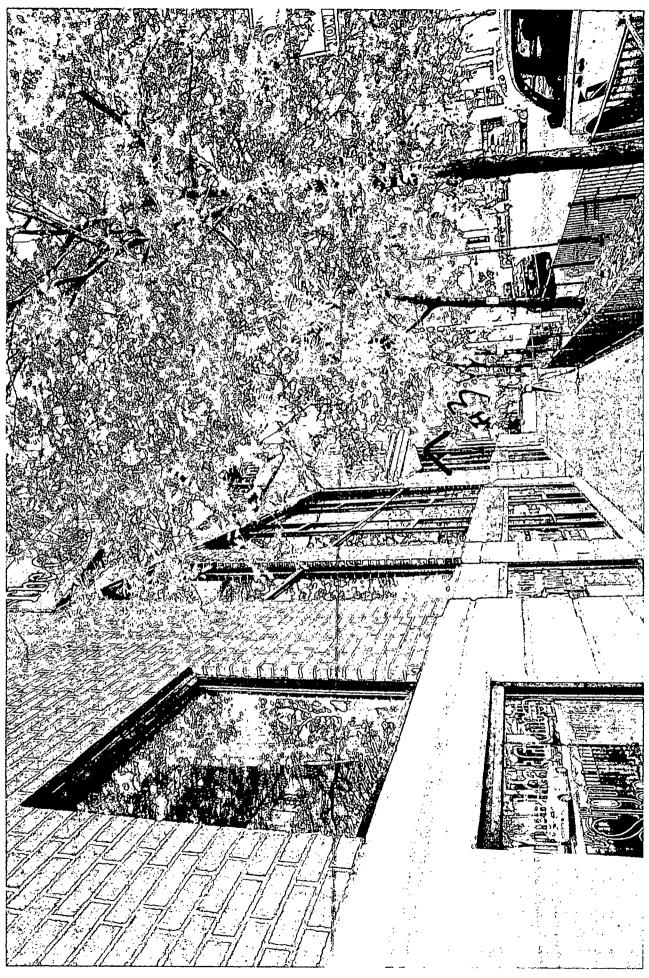


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1133 Dearborn

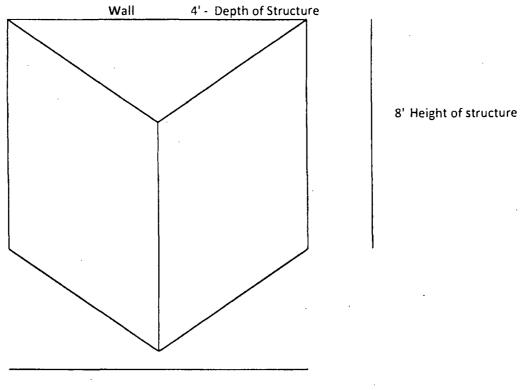




SIGN DRAWING

Property Location: 1133 N. Dearborn

Organization(s) Name: Planned Property Management, Inc.



16' Length of structure along public way

23' - Height above grade

-10/05/2010 - John Mariane

DBA Name	<u>1133 n. dearborn llc</u>
Location	<u>1133 N. DEARBORN ST.</u>
Zip Code	<u>60610</u>
Account Number	<u>357076</u>
Site Number	<u>1</u>
Area	PERMIT
Permit Type	SIGN
Permit Number	<u>1093460</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.eityofchicago.org/buildings. All signs, canopies, banners, marquees and awnings require a buildings permit. <u>Only a licensed sign erector may apply for the Ituildings permit online</u>. 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).

APPLICATION CHECKLIST (continued)



ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

- 1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
- 2. Upon the passage of the permit ordinance at City Council, pay the non-refundable applicable Grant of Privilege annual permit fee .
- 3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
- 4. Resolve all Account Holds since failure to do so will prevent the processing of this permit application;
- 5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;

I hereby agree to accept the terms and conditions relative to issuance of the permit. I agree to renew the Certificate of Insurance at least 10 days prior to expiration of the policy. I understand that if the Item or items are not constructed/maintained the permit fees will not be refunded.

I understand that failure to adhere to all conditions imposed in the permit may result in revocation of the permit.

	5	1	۸			1	
SIGNATURE:	Hun	retan	DG	and	DATE: 8	12411	0
PRINT NAME:	String	Tramba	0	O	TITLE:		

ACCOUNT #:	SITE #
LEGAL NAME OF ENTITY: 1133 N. Dearborn, U.C.	
BUSINESS NAME (DBA):	
BUSINESS LOCATION ADDRESS: 1133 N - DEOV DOVN	/
CITY: Chicago STATE: Illino/s	ZIP CODE: 401010
BUSINESS PHONE 312 337220 ext. 126	
E-MAIL Stacy @ PPmypartments. com	PERMIT TYPE:



Department of Business Affairs and Consumer Protection • Business Assistance Center Public Way Use Unit · City Hall, Room 800 · 121 North LaSalle Street, Chicago, Illinois 60602 ESS AFFAIRS C. www.cityofchicago.org/city/en/depts/bacp 312.74.GOBIZ (744.6249) 312.742.1974 (TTY)

Page 5 of 13

TY OF CHICAGO BACP-PWU BUN	DLE PERMIT APPLICATION V.04.28.		
APPLICATION TO U	SE THE PUBLIC RIG	HT OF WAY BY	
· ·	(1076-1		******
APPLICANT INFORMAT	TION		
LEGAL NAME OF ENTITY: 113			
PERMIT MAILING ADDRESS:	STATE: PL	ZIP CODE: 40642	
CONTACT PERSON: Stor		TITLE:	
PHONE:312. 357. 2200	FAX: 812 .337. 0 590	E-MAIL stacy @ ppm aportm	untra con
BUILDING OWNER INFO NAME: 133 N. Dec	DRMATION arborn, UC		
	90 kum 301		
CITY: CWO	STATE:	ZIP CODE: 60642	
PHONE: 30-331-2200	FAX: 312-337 0590	E-MAIL: Story Oppmapart	montp.ce
USE OF THE PUBLIC W		O O O	
Use only one application for		sheet on page 3.	
TYPE HOW MANY?	BIJILDING ADDRESS	-	
CARUPY ONE		S. Ararborn	}
Sign Six		- Have I have the	
2. Please enclose one sketch c	الم <i>انا و لمعمل</i> f each proposed use of the public tionship to surrounding right-of-way		
The prints should also accur light poles, sidewalks).	ately depict the location of the prop	perty line and public facilities (meters,	
APPLICANT CERTIFICA	TION		
	ents made as part of the applicat	ion, and the attachments herein,	
BY: Stan Front	man	TITLE: 83110	
F.E.I.N. or SOCIAL SECURITY N	NUMBER: 36-4275208		ł
		<u> </u>	
ALDERMAN'S APPROV			
As part of this application proces whose ward your proposed use of	s, you are required to notify/obtain of the public way is located.	approval from the Alderman in	
ALDERMAN'S SIGNATURE:	Sm. C	\	
DATE: 9-24-		WARD: 42	
		_	
Public Way Use Unit • (Affairs and Consumer Protection Built Built, Room 800 · 121 North LaSa	lle Street, Chicago, Illinois 60602	Page 7 of 13
www.cityofchicago.org/	city/en/depts/bacp 312.74.GOBIZ (/44.6249) · 312.742.1974 (TTY)	

PUBLIC RIGHT OF WAY USE THE APPLICATION



APPLICATION WORKSHEET

- ☑ For use by NEW APPLICANTS ONLY.
- IE For renewals obtain form from City Hall 121 N. LaSalle St., Rm. 800 or dall (312) 74 GOBIZ (744-6249)

Complete the worksheet for each use of the public way and indicate all applicable measurements.

	Exact Street (i.e. S. ôlale St.)	Quantity	Lenguror structure along public way	Height of structure	Depth of structure	Height above grade	Total depth over public way	Is this sign(s) Illuminated? (Y/N)	la this an Existing Publio Way Use (Y/N)		
	21 W. Elm	Ч.	18'	31	4'	23'	4'	Yn	7		
NSECT	21 W. Elm	١	16	181	41	23'	4'	M	7		~
<u> SESIG</u>	1133 W. Dearborn		0	5'	31	31	0	N/	Ý	n Ci	and a
	1133 W. Dearborn	2	Ð	1'6''	<u> </u>	-12	-	Ì	F.	E	A B A J
NGSE	1133 N. Dearborn	<u> </u>	18'8"	46	14'6	10'	2'	N.	Y	2×	y with
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PLS A				. 							

See example of required plans beginning on page 5.

NOTE: Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.



Department of Business Affairs and Consumer Protection · Business Assistance Center Public Way Use Unit · City Hall, Room 800 · 121 North LaSalle Street, Clicago, Illinois 60602 BUSINESS AFFAIRS & WWW.cityofchicago.org/city/en/depts/bacp · 312.74.GOBIZ (744.6249) · 312.742.1974 (TTY)

Δ	CORD. CERTIFI					DATE (MM/DD/YYY
		CATE OF LI		IN SURA	NCE	9/28/2010
RODU					ED AS A MATTER OF INF RIGHTS UPON THE CERT	
•	hy Team				TE DOES NOT AMEND, E	
	row Insurance Services, Inc.				FORDED BY THE POLIC	
	S. Lakeside Drive					
	ockburn, IL 60015		INSURERS	AFFORDING COV	ERAGE	NAIC #
NSURE	Planned Realty Group, Ir	~		Steadfast Insurar	<u> </u>	
	1333 N. Kingsbury, Suite		INSURER B:	American Guarar	ntee & Liability	26247
	Chicago, jL 60622		INSURER C:			
			INSURER D:		· · · -	
201/5	RAGES		INSURER E:			
THE ANY MAY	POUCIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDED OES. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHE BY THE POLICIES DESCRIBE	R DOCUMENT WITH RE	SPECT TO WHICH TH	IS CERTIFICATE MAY BE IS	SUED OR
TR INS	BRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIV	E POLICY EXPIRATION	LIMIT	s
A	GENERAL LIABILITY	SCO374374310	06/01/10	06/01/11	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL UABIUTY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$S0,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	s-
	X BI/PD Ded:10,000				PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	s5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s1,000,000
	POLICY PRO- JECT X LOC					
		ABILITY SCO374374310 06/01/10 06/01/11	06/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS			BODILY INJURY (Per person)	s	
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	5
					PROPERTY DAMAGE (Per accident)	5
	GARAGE LIABIUTY				AUTO ONLY - EA ACCIDENT	s
					OTHER THAN EA ACC	<u>s</u>
					AUTO ONLY: AGG	
B		AUC926584800	06/01/10	06/01/11	EACH OCCURRENCE	\$25,000,000
		· · · · ·			AGGREGATE	s25,000,000
						5
						<u> </u>
-					WC STATU- OTH- TORY LIMITS EB	<u>s</u>
	ORKERS COMPENSATION AND MPLOYERS' LIABILITY					
A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	s
- V	yes, describe under				E.L. DISEASE - POLICY LIMIT	s
- 1	PECIAL PROVISIONS below				EL DISEASE - POLICY LIMIT	3
		1				
	PTION OF OPERATIONS / LOCATIONS / VEHIC				·····	
	of Chicago, its agents and empl	oyees are listed as add	litional insured in r	egards to canop	y, awning and	
igns	5.					
-	Manhad ware fault					
	ttached page for locations.					
3ee	Attached Descriptions)					
ERT			CANCELLA	TION 10 Days	for Non-Payment	
			}		BED POLICIES BE CANCELLED E	
	City of Chicago-Office		DATE THEHEO	E, THE ISSUING INSURE	R WILL ENDEAVOR TO MAIL	30 DAYS WRITE
-	eng er enneuge ennee				RNAMED TO THE LEFT, BUT FAI	LURE TO DO SO SHA
	Public Way Use Unit		NOTICE TO TH	E CERTIFICATE HOLDER		
		800			OF ANY KIND UPON THE INSUR	
	Public Way Use Unit	800	IMPOSE NO OE	LIGATION OR LIABILITY		

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IMPORTANT

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

4

DESCRIPTIONS (Continued from Page 1)

RE: 1940 N. Lincoln 2727 N. Clark 2756 N Pine Grove 501-509 W. Diversey 632-644 W. Addison 634-643 W. Cornelia 430-446 W. Diversey 2811-2815 N. Pine Grove 3435-3441 N. Broadway 596 W Hawthorn 515 W Briar 1049 W Oakdale 455 W Wellington 3130 N Lake Shore Drive 1120 N LaSalle 1111 N Dearborn 1133 N Dearborn

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