

Office of the City Clerk



Or2013-138

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date: 3/13/2013

Sponsor(s): Thompson, Joann (16)

Type: Order

Title: Issuance of permits for sign(s)/signboard(s) at 6032 S

Halsted St

Committee(s) Assignment: Committee on Zoning, Landmarks and Building Standards

CITY COUNCIL MEETING Introduced March 13, 2013

Ordered, that the Commissioner of Buildings is hereby authorized and directed to issue a sign permit to:

Magic Sign 2839 W. Montrose Avenue Chicago, IL 60618

For the erection of a sign/signboard over 24 feet in height and/or 100 square feet in the area of one facet at:

Reymar Clinic 6032 S. Halsted Chicago, IL 60621

Dimensions: L

Length: 24 Ft

Height: 10 Ft

Height above grade/roof to top of sign: 5 Ft

Total Square Foot Area: 240 Sq Ft

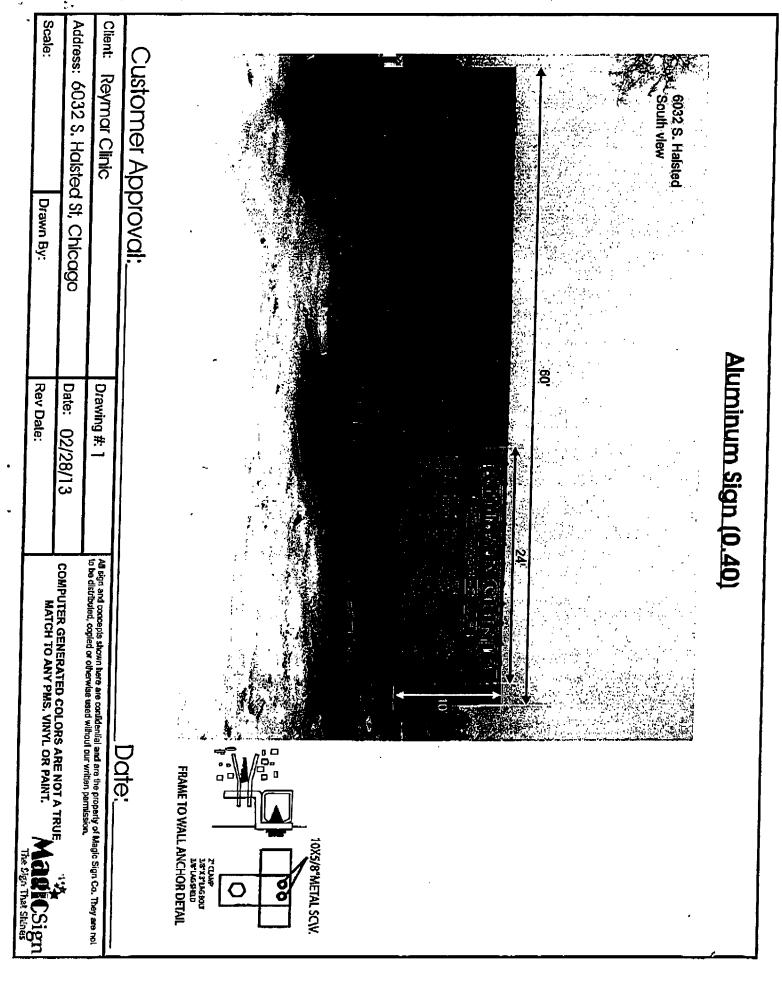
Such sign(s) shall comply with the applicable provisions of Title 17 of the Chicago Zoning Ordinance of the Municipal Code of the City of Chicago governing the construction and maintenance of outdoor signs, signboards and structures.

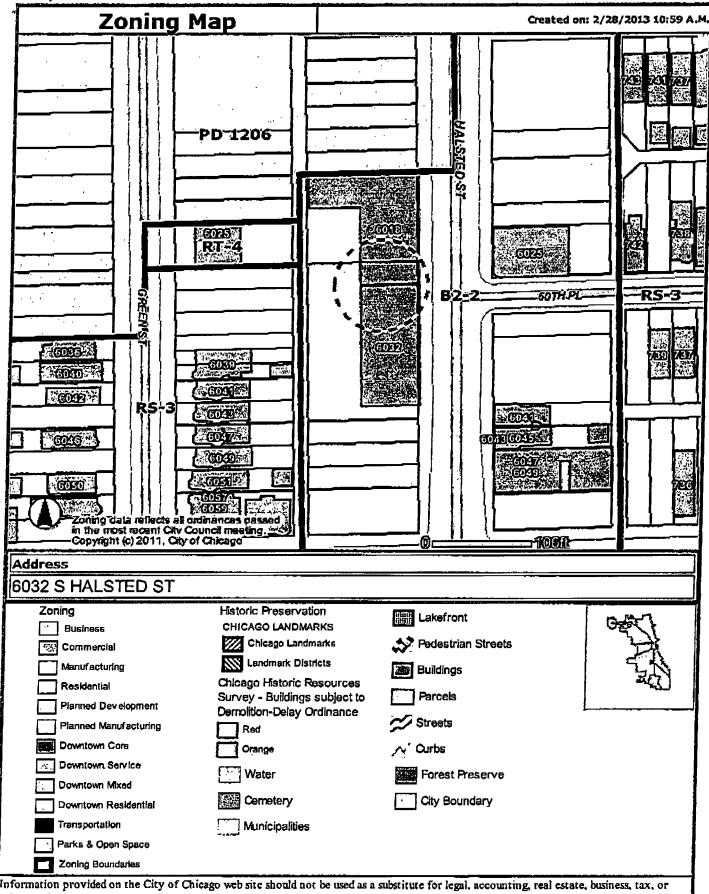
JoAnn Thompson Alderman, 16th Ward

	Si	gn Permit A	Applicati	оп				
APPROVAL NUMBER	APPLICATION NUMBER 100479543	ANNUAL PEE	WORK CODE			DRAWINGS YES		
DATE OF APPLICATION	02/28/2013		TYPE OF SIGN	FLAT O	R BOX	,		
ADDRESS OF SIGN 6032 S HALSTED ST, 60621-			LENOTH	FT. 24	DNL	нетонт	FТ. 10	IN.
BUILDING ORIGINAL PERMIT NUMBER			AREA	50. FT. 240		WERGHT 60		
TYPE OF PERMIT NEW CONSTRUCTION (SIGN) PAYER OF ANYUAL INSPECTION			SIGN HEIGHT ABOVE GRADE/ROOF 5					
SIDDIQUE, ZAHID 6032 S. HALSTED ST CHICAGO, IL 60621 (773)208-6683		51	HAPE OF SION RE ON WILL READ EYMAR CLIN	GULAR				
SIGN MANUFACTURER MAGIC SIGN			NO. OF LAMPS			TOTAL WATTAGE		
address whitelision can be seen fru	OR TO ERECTION		TYPE OF LAMP					
TICKET NUMBER REINSPECTION CONTROL NUMBER			NO OF DALLAST/IR	ANSFORMERS		IMPUT OF TRAI	nsformires	
0	DING		CONTRACTOR WI	LL INSTALL	N			
	TEEL	777	I OF SWITCH		l N	CUSTOMER LEADS	-	
ANNUAL FEE CONSTRUCTION FEE	700.00	Loc	ATION OF SWITCH				·	· ·
017 B FEE OTAL FEE LMOUNT PAID SALANCE DUE	700.00 Check #		LUCATION LUMINUM SIC	ēN				
The undersigned certify that	the statements in this application are true and	d crarect and that all work done	under the immissed near	गांt will conform t	o the require	neats of the Chicago	Municinal Code	
	reg. No	Вон	O. No.			REG. NO.	N93127	,
LECT CONTR			NERECTOR AGIC SIGN				SIGNE	₹
DORESS .		283	ress 39 W. MONTRO IICAGO X IL, 6					
Pervisor Signature		——————————————————————————————————————	Λ	1 2 0 m	₂₀ 17			
The per	mit issued on this application well authorize o	only signs here applied for. If of	ν_{ζ}		overed by ad	ditional permits		
City of Chicago Rahm Emanuel, Mayor				Departmen Michael Me		lings Commissioner		

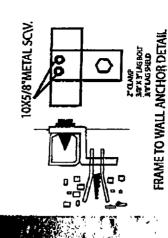
ES_PERM_APP_WEB RD060211

AP #:100479543





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Customer Approval;

Date: 02/28/13 Drawing #:] Rev Date: Address: 6032 S. Halsfed St, Chicago Drawn By: Client: Reymar Clinic Scale:

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