

City of Chicago



Or2014-415

Office of the City Clerk Document Tracking Sheet

Meeting Date: 9/10/2014

Sponsor(s): Burke (14)

Type: Order

Title: Issuance of permits for sign(s)/signboard(s) at 5460 S

Archer Ave - 108 sq. ft.

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

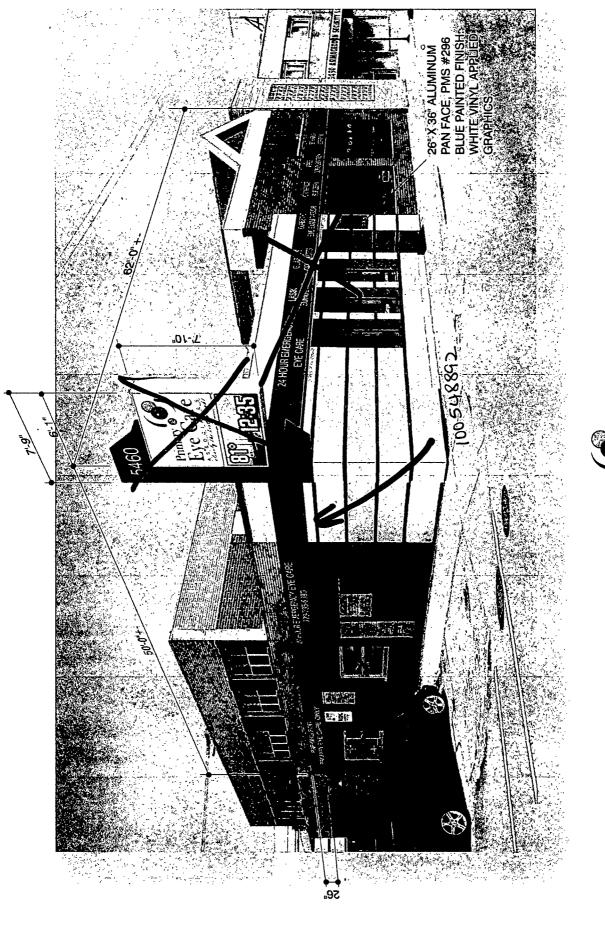
Committee on Zoning, Landmarks, and Building Standards

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Olympic Signs		
1130 N. Garfield	·	
Lombard, IL 60148		· .
, ,	& Address)	
Primary Eye Care		Permit #100548892
	·	
•	, and the second	
5460 S. Archer Ave. Chicago, IL 60638	, and the second	
5460 S. Archer Ave. Chicago, IL 60638 Dimensions: Length		2'-2"

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 Burke - Ward 14



AOEE

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Primary © Eye Care

Customer's Signati Comments:

. job#: 13-5160 - 4-29-13 - rev.# 6-24-14

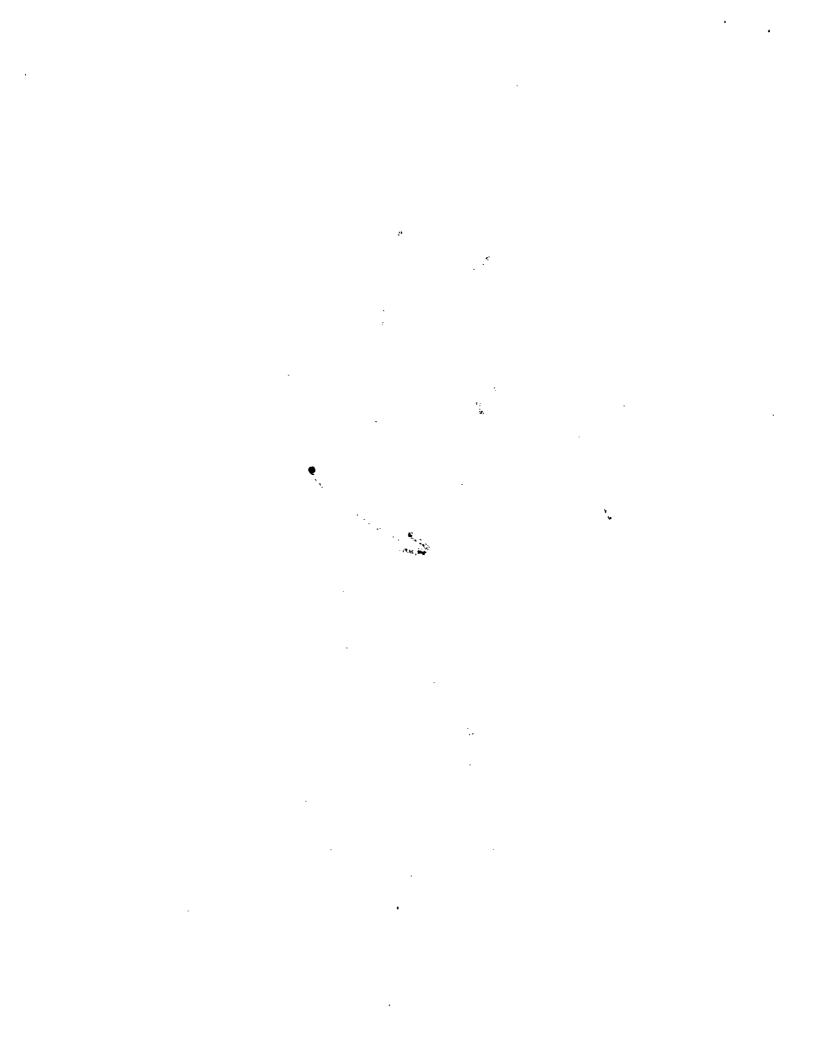
drawn by

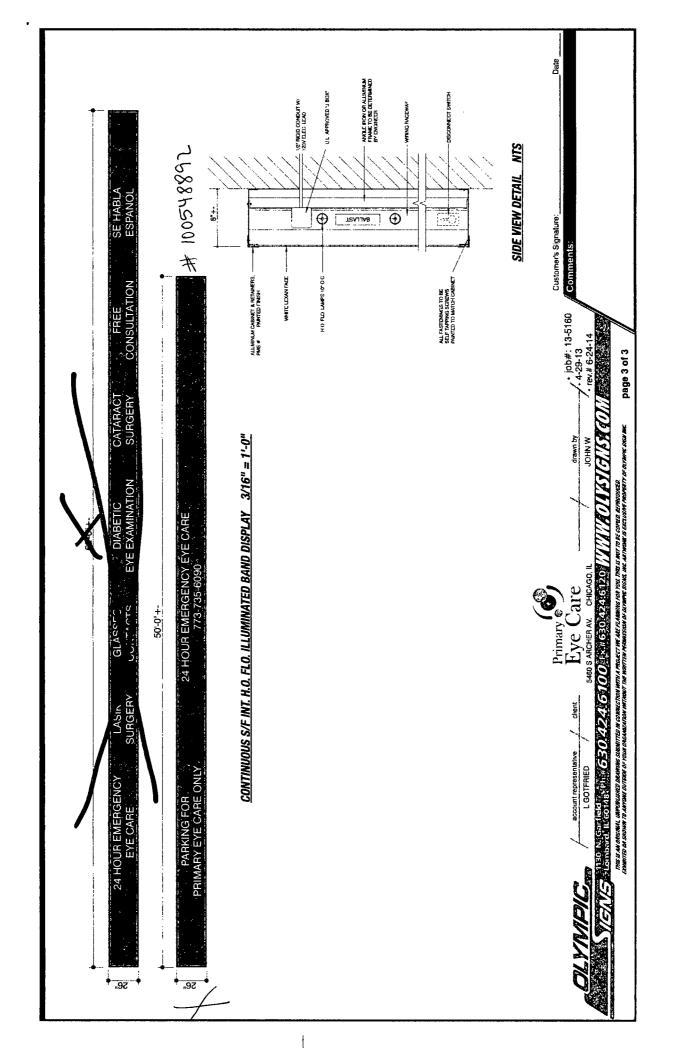
account representative

1130 N. Garfield Ph.# 630.424.6100 Fx.#630.424.6120 L GOTFRIED

PROPERTY OF CKYMPIC SIGN INC.

page 1 of 3







CITY OF CHICAGO

DEPARTMENT OF

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER	ANNUAL FEE	Wo	ORK CODE		DRAWING ATTACHE	i i
DATE OF APPLICATION	07/06/2014		TYPE OF SIGN	FLAT OR	вох		
ADDRESS OF SIGN 5460 S ARCHER AVE	, 60638-		LENGTH	50	ıм О	неіснт	FT. IN 2
BUILDING	URIGINAL PERMIT NUMBER		AREA	sq. ft 108		WEIGHT	LBS 700
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)			SIGN HEIGHT ABOVE	GRADE/ROOF			FT 9
PAYER OF ANNUAL INSPECTION PRIMARY EYE CARE, .							
5460 S ARCHER AVE CHICAGO, IL 60638 (773)735-6090		\ 	SHAPE OF SIGN REGULAR SIGN WILL READ 24 HOUR EMERGENCY EYE CARE				
SIGN MANUFACTURER OLYMPIC SIGNS			NO OF LAMPS	5		TOTAL WATTAGE 780	
ADDRESS WHERE SIGN CAN BE SEEN	PRIOR TO ERECTION		TYPE OF LAMP	FLUORES	CENT		
			NO. OF BALLAST/TI			INPUT OF TRAI	isformers
TICKET NUMBER RE	INSPECTION CONTROL NUMBER			3		120	<u>,,</u>
TYPE OF SUPPORT FOR SIGN BUILDING			CONTRACTOR W	VILL INSTALL	N Y		s
SIGN BOARD SUPPORT MEMBERS STEEL			TYPE OF SWITCH SPECIAL				
ANNUAL FEE			LOCATION OF SWITCH	OUTSIDE	SIGN	 	
CONSTRUCTION FEE	200.00		SIGN LOCATION				
1017 B FEE	200.00 Check	# for Zoning	WEST ELEVATION: ILLUMINATED SIGN BAND				
TOTAL FEE AMOUNT PAID		# for DCAP	DISPLAY "PARKING FOR PRIMARY EYE CARE ONLY" & "24 HOUR EMERGENCY EYE CARE"			ONLY" &	
BALANCE DUE				_			
The undersigned certif	fy that the statements in this anolication are true	and correct and that all work d	one under the proposed r	nermit will conform	to the require	ments of the Chiefe	Minicinal Code
	REG NO.	E69270	BOND, NO,			,REG. NO.	N91822
ELECT CONTR OLYMPIC SIGNS, INC.	/	ELECTR	SIGN ERECTOR OLYMPIC SIGI	NS INC.			SIGNER
ADDRESS			ADDRESS	/	/		
1130 N. GARFIELD			1130 N. GARFI	/		•	
LOMBARD, IL 60148			LOMBARD IL,	60148			
SUPERVISOR SIGNATURE			SIGNATURE				
	The permit issued on this application will author		76			1454 1 14-	

City of Chicago Rahm Emanuel, Mayor



Department of Buildings
Felicia Davis, Commissioner

TYPE OF BUSINESS	SIGN BOND REQUIRED? YES			
COMMERCIAL Other: EYE CARE	COUNCIL ORDER REQUIRED YES			
Name: PRIMARY EYE CARE LIC #: STATE LICENSE	COUNCIL ORDER REQUIRED 11ES			
Renewal Date:	IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL			
Projects Over:				
N Private Property				
Y Public Way Grant Permit #: 1113947	IF YES, ATTACH LETTER OF REQUEST			
Planned Development/Manufacturing PMD/PD#:	TIME STAMP			
Zoning District: <u>B3</u> Other:				
TYPE OF SIGN:				
ADVERTISING X ILLUMINATE MOVEABLE				
X BUSINESS FLASHING	1			
TOTAL STREET FRONTAGE OF LOT (IN FEET) 187				
TOTAL AREA OF NEW SIGN (SQ.FT.) 108]			
	-			
TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 334				
HEIGHT OF SIGN ABOVE GRADE (TO TOP) 11ft 2in	1			
	SIGN CLERK	APPROVED FOR PERMIT		
DISTANCE OF CURB LINE OUTER EDGE (ft) 12	SIGN CLERK	AFFROVED FOR FERWIT		
DISTANCE OF STRUCTURE INNER EDGE (ft) 12				
DISTANCE FROM (ft):	REMARKS			
A. PUBLIC PARK (OVER 10 ACRES) 1,000				
B. EXPRESSWAY (IF LESS THAN 1,000 FT.) 1,000				
C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) 60				
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?				
Original Payee:	•			
	4			
Landmark Hold: Status:				
ZONING (OFFICE USE ONLY)				
!				
1				
•	*			
•				
I				
	1			

PUBLIC WAY USE UNIT: PERMIT INFORMATION S.

)3/2014 - Stan Adams

3A Name PRIMARY EYE CARE ASSOCIATES

ocation 5460 S. ARCHER AVE.

Zip Code <u>60638</u>

Account Number 264190

Site Number <u>1</u>

Area <u>PERMIT</u>

Permit Type <u>SIGN</u>

Permit Number 1113947

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. 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).