



City of Chicago



Or2018-650

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	12/12/2018
Sponsor(s):	Waguespack (32)
Type:	Order
Title:	Issuance of permits for sign(s)/signboard(s) at 2900 N Ashland Ave
Committee(s) Assignment:	Committee on Zoning, Landmarks and Building Standards

CITY COUNCIL
COMMITTEE ON ZONING, LANDMARKS AND BUILDING STANDARDS
COUNCIL ORDER

RE: Approval of sign over 100 square feet in area or over 24 feet above grade

ORDERED, that the City Council hereby approves the following sign application submitted by:

Applicant*: Children's Healthcare Associates

(* The Applicant is the owner of the real property or the business tenant of the real property. Do not list the sign contractor, sign erector, sign company or advertising entity in the above space.)

This Order approves the following sign in accordance with Municipal Code of Chicago Section 13-20-680:

Address of Sign: 2900 N Ashland Ave Chicago, IL 60657

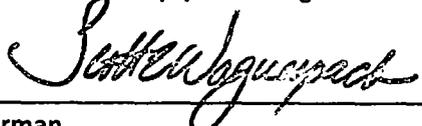
Zoning District: B3-2

DOB Sign Permit Application #: 100791945

Sign Details:

1. On-premise OR Off-premise
2. Static sign OR Dynamic-image display sign
3. Number of sign faces 1
4. Projecting over the public way y (Yes or No) If yes, Public Way Use #: 1135174
5. Dimensions: Length 35 feet 6 inches Height 4 feet 2 inches
Total square feet in area: 148 feet 0 inches
6. Height above grade: 14 feet 0 inches
7. Elevation (side of building or lot where the sign will be erected): East Building Elevation
8. Name of Sign Contractor/Erector: Doyle Signs, Inc

To be legal, such sign shall comply with all provisions of Title 17 of the Chicago Municipal Code ("Zoning Ordinance") and all other provisions of the Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures. Failure of the applicant and the applicant's successors to comply shall be grounds for invalidation or revocation of the sign permit.


Alderman


Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS**Sign Permit Application**

APPROVAL NUMBER	APPLICATION NUMBER 100791945	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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DATE OF APPLICATION 11/06/2018	
ADDRESS OF SIGN 2900 N ASHLAND AVE, 60657-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAYER OF ANNUAL INSPECTION CHILDRENS HEALTHCARE ASSOCIATE, CHILDRENS HEALTHCARE ASSOCIATE 2835 N SHEFFIELD CHICAGO, IL 60657 (773)348-9200	
SIGN MANUFACTURER DOYLE SIGNS, INC	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION	
TICKET NUMBER 0	REINSPECTION CONTROL NUMBER UL# E31106
TYPE OF SUPPORT FOR SIGN BUILDING	
SIGN BOARD SUPPORT MEMBERS NONE	
ANNUAL FEE	
CONSTRUCTION FEE	400.00
1017 B FEE	
TOTAL FEE	400.00
AMOUNT PAID	200.00
BALANCE DUE	\$ 200.00
	Check # for Zoning
	Check # for DCAP

TYPE OF SIGN FLAT OR BOX					
LENGTH	FT 35	IN 6	HEIGHT	FT 4	IN. 2
AREA	SQ FT 148	WEIGHT		LBS 300	
SIGN HEIGHT ABOVE GRADE/ROOF					FT 14
SHAPE OF SIGN REGULAR					
SIGN WILL READ CHILDREN'S HEALTHCARE ASSOCIATES PEDIATRIC & ADOLE					
NO OF LAMPS 64			TOTAL WATTAGE 840		
TYPE OF LAMP OTHER					
NO OF BALLAST/TRANSFORMERS 3			INPUT OF TRANSFORMERS 120		
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS		
TYPE OF SWITCH SPECIAL					
LOCATION OF SWITCH LISTED FLUSH TOGGLE					
SIGN LOCATION INSTALLATION OF (1) SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS TO BE MOUNTED TO THE SIDE (EAST) BUILDING ELEVATION. SIGN TO READ CHILDREN'S HEALTHCARE ASSOCIATES					

The undersigned certifi 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

LICENSE #	E92684
ELECT CONTR*	DOYLE SIGINS INC
ADDRESS	232 INTERSTATE RD - P.O. BOX 1068 ADDISON, IL 60101-
SUPERVISOR SIGNATURE	

#	TGC101001
CONTRACTOR*	DOYLE SIGNS INC
ADDRESS	232 WEST INTERSTATE ROAD ADDISON IL, 60101
SIGNATURE	GENCON

*IF APPLICABLE

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, MayorDepartment of Buildings
Judith Frydland, Commissioner

TYPE OF BUSINESS
OTHER Other: **HEALTHCARE**
 Name: _____
 LIC #: _____
 Renewal Date: _____

SIGN BOND REQUIRED? YES

COUNCIL ORDER REQUIRED YES

Projects Over:
 Private Property
 Public Way Grant Permit #: **1135174**
 Planned Development/Manufacturing PMD/PD#: _____
 Zoning District: **B3** Other: **B3-2**

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL
 YES

IF YES, ATTACH LETTER OF REQUEST

TYPE OF SIGN:
 ADVERTISING ILLUMINATE MOVEABLE
 BUSINESS FLASHING

TIME STAMP

TOTAL STREET FRONTAGE OF LOT (IN FEET) 1,321

TOTAL AREA OF NEW SIGN (SQ.FT.) 148

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 1,266

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 18ft 2in

DISTANCE OF CURB LINE OUTER EDGE (ft) 20

SIGN CLERK

APPROVED FOR PERMIT

DISTANCE OF STRUCTURE INNER EDGE (ft) 20

DISTANCE FROM (ft):
 A. PUBLIC PARK (OVER 10 ACRES) _____
 B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____
 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____

REMARKS

IF REPLACEMENT SIGN OR CHANGE OF FACE. WHAT DOES THE EXISTING SIGN READ?

 Original Payee: _____

Landmark Hold: Status: _____

ZONING (OFFICE USE ONLY)

SUPPLEMENTAL APPLICANT

This Supplemental Application must be completed and submitted along with the Sign Permit Application.
All fields must be completed. If a field is not applicable you must answer "n/a" in the field.



CITY OF CHICAGO
SIGN PERMIT APPLICATION
(THIS IS NOT A PERMIT)

Application Number: 100791945 Date of Application: 11-6-18
Address of property where sign will be erected: 2900 N. Ashland, Chicago, IL 60657

Does property have multiple addresses? Yes No

If yes, please list all addresses: _____

Is this building vacant? Yes No

If yes, is it registered under the Vacant Building Ordinance? Registration # _____

Section 1 - Applicant

Applicant is the Owner (of the real property) Lessee (of the real property)

Name of Owner of Real Property: TDG Ashland, LLC
Address: 25 N. Brentwood Blvd. St. Louis, Missouri 63105
Phone #: 314-994-4444 Mobile #: N/A Email: N/A

Name of Lessee of Real Property: Children's Healthcare Associates, P.C.
Name: Children's Healthcare Address: 2835 N. Sheffield, Chicago, IL 60657
Phone #: 773-348-8300 Mobile #: 773-480-1904 Email: contactus@chapedcs.com

Section 2 - Contractors

Payer Company of Annual Inspection Fee:

Name of Contact of Payer Company: Joyce McDewitt, CMM
Name of Payer Company: Children's Healthcare Assoc. Address: 2835 N. Sheffield, Chicago, IL 60657
Phone #: 773-348-8300 Mobile #: 773-480-1904 Email: contactus@chapedcs.com

Electrical Contractor: Doyle Signs, Inc

Address: 232 W Interstate Road Addison, IL 60101 License #: C92684
Phone #: 630-543-9490 Mobile #: _____ Email: Permits@Doylesigns.com
Website: www.doylesigns.com

Sign Erector: Doyle Signs, Inc

Bond #: 646 966 Registration #: C92684
Address: 232 W Interstate Road Addison, IL 60101
Phone #: 630-543-9490 Mobile #: _____ Email: Permits@Doylesigns.com
Website: www.doylesigns.com

Picture or rendering must be attached depicting sign placement with before and after view. Section 2 continues on next page

CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

Expediter: _____

Address: _____ License #: _____

Phone #: _____ Mobile #: _____ Email: _____

Website: _____

Section 3 - Sign and Structure Details

(Please check all that apply)

Sign Category:

On-Premise (Business ID): Dynamic Static

Business License # of Tenant Business: _____

Off-Premise (Advertising): Dynamic Static

Temporary: Special Event:

Sign will read (Please provide a description, picture and shop drawing): _____

Children's Healthcare Associates Pediatric & Adolescent Medicine.

Type of sign (Mark all that apply):

Awning Canopy Freestanding Marquee Projecting Dynamic Image Display

Wall Painted Cabinet/Frame Vinyl Projected image Flashing

High Rise Building Hotel/Hospitals Other buildings: _____

What is the dimension of the wall on which the sign will be installed? 75' (W) x 30' (H)

Where is sign or sign structure mounted? Inside the building Outside the building

Is the sign or sign structure attached to a building or wall? Yes No If yes, which wall of building? N E S W

Is this a freestanding sign? Yes No Location of sign on lot: N E S W

Which direction does sign copy face? N E S W

Does any portion of the sign, sign structure or attachments cover, obscure or obstruct an existing window in a residential unit whether occupied or not? Yes No

Does any portion of the sign, sign structure, or attachments extend on or over the public way? Yes No

If yes, what is the public way use permit number? 1135174

Sign Panels: Back to back within 30 degrees of parallel Yes No

Number of Faces: 1

Sign Support Structure: Pole Roof Ground Building Windows Other: _____

Does any portion of the sign or sign structure extend 24 inches above the roof line as defined in 17-17-02149 of the Municipal Code of Chicago? Yes No

Picture or rendering must be attached depicting sign placement with before and after view.

Section 3 continues on next page

CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

Section 3 continued

Dimensions of Sign Structure (i.e. cabinet, frame, awning, canopy)

Length: 35 Feet 6 Inches Height: 4 Feet 2 Inches Depth: 0 Feet 8 Inches

Area: 148 Sq Ft. Weight: 300 lbs.

Shape of Sign: Regular

Sign Height above Grade:

From Grade to Bottom of sign or sign structure, whichever is lowest: 14 Ft.

From Grade to Top of sign or sign structure, whichever is highest: 18 Ft.

Is City Council Order required?* Yes No

*All signs in excess of 100 Square Feet in area OR in excess of 24 feet above grade require a City Council Order pursuant to Section 13-20-680 of the Municipal Code of Chicago

Dimension of Sign Elements pursuant to Section 17-12-0601 of the Chicago Zoning Ordinance:

Length: 35 Feet 6 Inches Height: 4 Feet 2 inches Area: 148 Sq Ft.

Electrical Contractor will install: Feeders: Yes No Customer Leads: Yes No

Number of Lamps: 64 Total Wattage: 840 Type of Lamp: LED

Number of Ballast/Transformers: 3 Input of Transformers: 120

Type of Switch: Toggle Location of Switch: Outside sign

Static: Yes No

Illuminated: Yes No

If yes - External _____ Internal

Dynamic Image Display: Yes No

(An affidavit of compliance is required for all dynamic image display signs pursuant to Section 13-20-675(d)(2) of the Municipal Code of Chicago.)

Max Nits _____ Max Foot Candles _____ Message Time (Screen Hold): _____ seconds

Self Dimming Capability: Yes No

What is the total of the sign face area devoted to dynamic image display? _____ Sq Ft.

Section 4 - Zoning Information

Zoning District or Planned Development #: B3-2

Is sign located in a special sign district? Yes No

If yes: Michigan Avenue Corridor Oak Street Corridor State Street/Wabash Avenue Corridor

Total Street frontage of Zoning Lot: 1321 (Ft.)

Total Area of new sign: 148 (Sq Ft.) Gross Area of all proposed signs: 231 (Sq Ft.)

Total Area of all existing signs on Zoning Lot: 1266 (Sq Ft.)

Picture or rendering must be attached depicting sign placement with before and after view.

Section 4 continues on next page

CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

Section 4 continued

Distance from outer edge of sign or structure to curb line: 20 (Ft.)

Distance from inner edge of sign or sign structure to curb line: 20 (Ft.)

Distance from:

Public Park 10 acres or more: _____ (Ft.)

Public Park 2 acres or more: _____ (Ft.)

Expressway or Toll Road: _____ (Ft.)

Lake Shore Drive: _____ (Ft.)

Michigan Avenue (Oak St. to Roosevelt Rd.): _____ (Ft.)

Residential District: _____ (Ft.)

Residential building in a D district: _____ (Ft.)

Existing off-premise/advertising signs on same side of street? Yes No

In a B or C District: _____ (Ft.)

In a D or M District: _____ (Ft.)

Waterways: _____ (Ft.)

Section 5 - Sign Permit History

Does the proposed sign, change, alter or replace an existing sign? Yes No

If yes, were permits issued for the sign being replaced, changed or altered? Yes No

If yes, please list each permit number and date each permit was issued:

Permit Number: _____ Date issued: _____

Does the proposed sign change a static sign to a dynamic image display sign? Yes No

Does the proposed sign change or alter the square footage or the height of the sign or sign structure? Yes No

Does the proposed sign change an on-premise sign to an off-premise/advertising sign? Yes No

Section 6 - Attestation and Signatures

We, the undersigned, under penalty of perjury, do hereby affirm and attest that the above information is true, complete, and correct and acknowledge that incorrect information is grounds to revoke or rescind a permit.

Owner of Real Property: _____ Date _____

Lessee of Real Property: [Signature] Date 6-20-18

Expediter: _____ Date _____

Supervising Electrician: _____ Terrence J Doyle Date _____

Sign Erector: _____ Terrence J Doyle Date _____

Picture or rendering must be attached depicting sign placement with before and after view.

CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

For Office Use

ZONING	PUBLIC WAY

Sign Review Fee:

Zoning Review Fee: \$ _____ Total Fee: \$ _____

Amount Paid: \$ _____ Balance Due: \$ _____

PERMIT IS VALID FOR A PERIOD OF FIVE YEARS AFTER ISSUANCE. IT IS SOLELY THE RESPONSIBILITY OF THE OWNER OR LESSEE TO FILE FOR RENEWAL

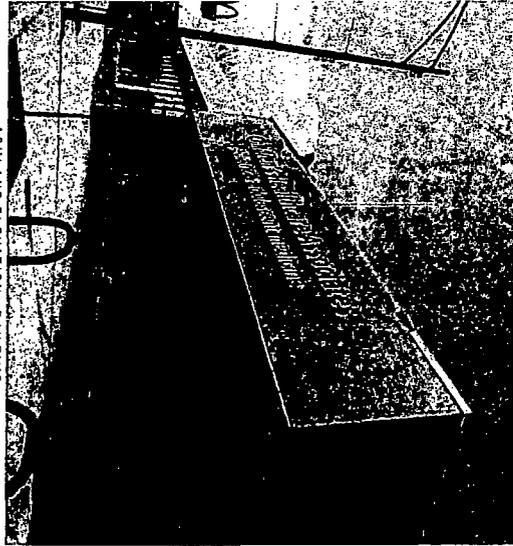
* Once zoning fee is paid, this application is valid for a period of up to six months from payment date.

Applies to sign permits applied for on or after April 2, 2014.

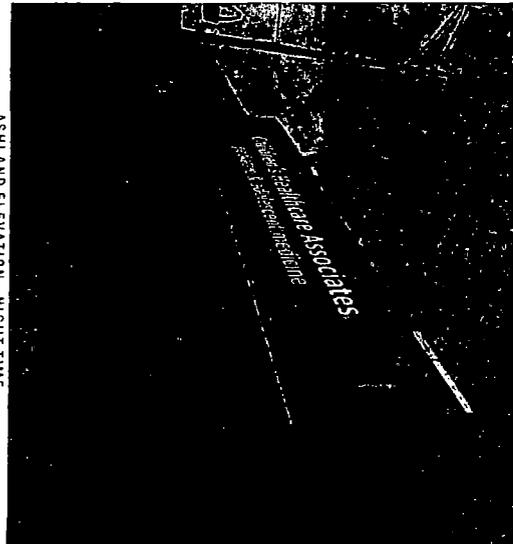
City of Chicago
Mayor Rahm Emanuel



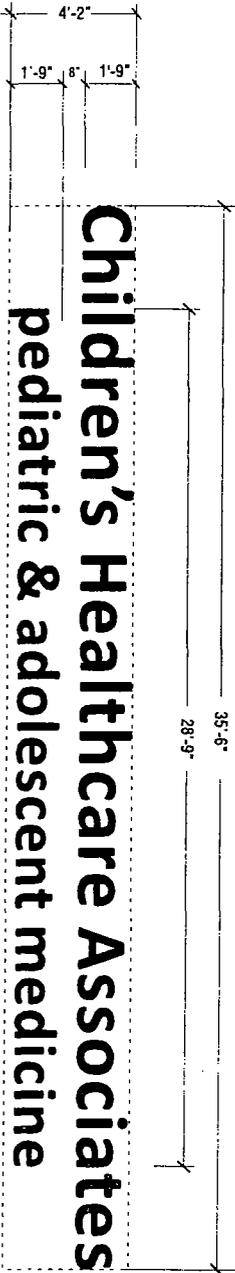
Department of Buildings
Felicia Davis, Commissioner



ASHLAND ELEVATION - DAY TIME



ASHLAND ELEVATION - NIGHT TIME

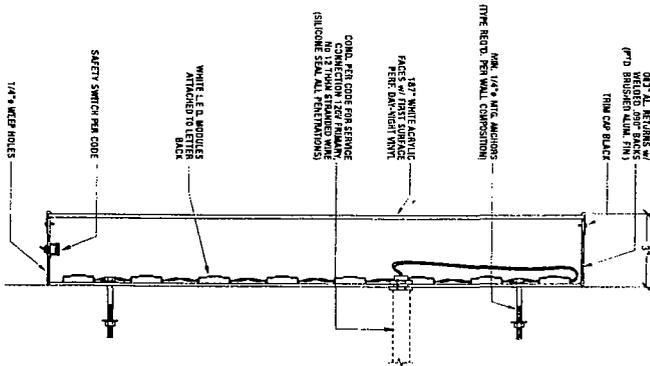


Children's Healthcare Associates
pediatric & adolescent medicine

TOTAL LETTER AREA: 148.2 SQ. FT.



Individual Face Lighted Channel Letters w/ Trim Cap Plex Faces
 ONE (1) RECID.
 SCALE: 1/4" = 1'-0"



FACE-LIT CHANNEL LETTER - Remote Power Source
 R-15

DOYLE
 GENERAL SIGN CONTRACTORS
 212 WESTERN RD. P.O. BOX 1348
 CHICAGO, IL 60601
 CAP 513 5486
 FAX 503 594911

DATE	REVISION
7-31-18	ADJUST LETTER SIZE UNDER TASSO DESIGN

CUSTOMER APPROVAL
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 DATE: _____

CLIENT	CHILDREN'S HEALTHCARE ASSOCIATES	DESIGNER	DF	SALES	JST
ADDRESS	2900 N. ASHLAND AVE. CHICAGO, IL	SCALE	NOTED	DATE	5-09-18
	2 Westpark/CHILDREN'S HEALTHCARE ASSOCIATES/Children's Healthcare Associates Ashland Ave Chicago IL, CH	DRWG. No.	#16628	SHEET No.	2
				of	3