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CITY OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION- • V.09.28.10

APPLICATION TO USE THE PUBLIC RIGHT OF WAY-

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DOB PERMIT #:

AMNESTY ELIGIE NO

APPLICANT INFORMATION n ,

LEGAL NAME OF ENTITY: * ^yC^ C_'

PERMIT MAILING ADDRESS: <>6 AJluJo^icsUL

(He . STATE: tC :T PERSON: kuo(\^m^l_

ZIP CODE: i 0 TITLE:

CITY:

CONTACT rcttouiN: g^r SajJo.'"* > PHONE: /77^y^S-P^3 FAXYIfA-) tl*-l«*>(.
E-MAIL: ^S&Jg.,^^ <fr

E-MAIL: ^S&Jg.,^^ <fr

BUILDING OWNER INFORMATION

NAME: ^ ^&j}<|^'«

ADDRESS: HIS 6 *f, MJlu/^hi &0<

CITY: QZav C^y, STATE: CC

PHONE: f 7?^)^ £2S'U~><>- FAX: f

ZIP CODE: Wi"

E-MAIL: g^W/t^^L ^cJ

USE OF THE PUBL/C WAY

1. List the proposed or existing use below and complete the worksheet on page 3. Use only one application for all public way use type.

TYPE

35

IA.
JILDING ADDRESS

HOW MANY? BUILDING ADDRESS

2. 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 CERTIFICA TION

I hereby certify that all statements-made as part of the application, and the attachments herein, are truej^,the pest of my knowledge and belief.

BY: ^ * ^ TITLE: flrt!lc&-£_

F.E.I.N. or SOCIAL SECURITY NUMBER: hb -{T>\$58~}

ALDERMAN'S APPROVAL

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

ALDERMAN'S SIGNATURE: ^3^^^v^of^>._r^_

DATE: /ff- <4~V WARD:

[?§ Department of Business Affairs and Consumer Protection (BACP) ■ Business Assistance Center (BAC) Public Way Use Unit

(PWU) • City Hall, Room 800 • 121 North LaSalle Street, Chicago, Illinois 60602 cOTsuS»reo&rm£ www.cityofchicago.org/bacp-
<http://www.cityofchicago.org/bacp-> 312.74.GOBIZ (744.6249) ■ 312.742.1974 (TTY)