

A 25% penalty will be added for payments received after due date.

The permit holder agrees to hold the City of Chicago harmless for any damage, relocation or replacement costs associated with damage, relocation or removal of private property caused by the City performing work in the public way. Authority herein given and granted for a period of five (5) years from and after 05/24/2011.

Alderman

endarl Reury*

Brendarl Reary* 42nrJ Ward

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Q APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION: ^ NAME: Northwestern Memorial Hospital /ill _ /!///

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ACCT#: 69273 RENEWAL SITE#: 3

PERMIT#: 1045816

ADDRESS: 541 N. Fairbanks Ct., Boor 14, Apt./Suite 1404

ZIP CODE: 60611 CONTACT PERSON: David Stout.

TITLE: PHONE: (312)926-1195

I I Check box for change of mailing address. Provide information below

New Mailing Address: _

Phone: _

Contact:

Note: Any changes to ownership requires a new application.

If no changes, complete applicant certification, obtain Alderman's signature, include photo(s) and sketch as described below.

Return to:

City of Chicago

Department of Business Affairs and Consumer Protection Business Assistance Center - Public Way Use Unit City Hall -121N.

LaSalle Street, Room 800 Chicago, IL 60602 (312)-74-GOBIZ (312-744-6249)

USE OF THE PUBLIC WAY

TvPe

How Many? Building Address

Sewer

245 E. CHICAGO AVE.

ALDERMAN'S SIGNATURE:

WARD: _£Z^ DATE:

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