

The applicant referenced above has requested the use of the public right-of-way for a retaining wall(s). An ordinance has been prepared by the Department of Business Affairs and Consumer Protection - Business Assistance Center - Public Way Use Unit for presentation to the City Council. Because this request was made for properties located in your ward, as approved by you as per the attached, I respectfully request that you introduce the attached ordinance at the next City Council meeting.

If you have any questions regarding this ordinance, please contact John Mariane, Manager, Business Assistance Center - Public Way Use Unit, at (312) 744-2063.

Department of Business Affairs and Consumer Protection

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: TWXSJS Pftore.gX-C WavjikuL.'b. l-l_<L_ PERMIT MAILING ADDRESS: S~b uj.. ^AX*Lf>QM._[A3-

CITY: CJ^UU+O

STATE: iv-

CONTACT PERSON: T?cM> vUjPuA

ZIP: feOtoo^-

PHONE: -n3. -zav-ST^L FAX: "Sre.. VU .o1.Zg 3VZ.. -02jOo

PROPERTY OWNER INFORMATION

NAME: TV^frSEJoS KkloviA

TITLE: ovaMJEX<~ E-MAIL: TV^pyjOOUC Q

V^jd xve&. covn

ADDRESS: ga, V4. Ot^c^&oV-i. fex^g.

CITY: cjXVC-Kco

STATE: lu

ZIP: fccKcOA-

USE OF THE PUBLIC WAY

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

TYPE

HOW MANY? BUILDING ADDRESS

2. Please enclose one sketch of proposed use of the public way, which maps to scale the proposed use and its relationship to surrounding right-of-way. All measurements must be Indicated.

3. All "No Fee" items require a \$50 application fee. Please remit with application.

4. "No Fee" items are listed in the price list on page 4.

5. The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks).

APPLICANT CERTIFICATION

I hereby certify that all statements made as part of the application, and the attachments herein, are true totm) besrottny knowledge and belief.

BY:

F.E.I.N. or SOCIAL SECURITYNUJnBER: 7<- ■?gtcZoT

TITLE: Q*jjg*ELg-

ALDERMAN'S APPROVAL

As part of this application process, you ai in whose ward your proposed use

Required to notify/obtain approval from the Alderman Dllc way ls llcated.

CHICAGO

City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit BusiNujMwiua Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 lafamad&ktHgi www.ctyofcWcago.org/bacp <http://www.ctyofcWcago.org/bacp> | 312.74.GOBIZ (744.624?) | 312.742.1974 (TTY)

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