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APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: M^k</w_r_?v. MaAIX^ \k)^L< If */> flO le^MU Hcn^t PERMIT MAILING ADDRESS: 7. W£s+Tlh«a
,<St.£u,**-SXO " . *

CITY: Oh.**** STATE: JT-- ' ZIP CODE: Sftfv

CONTACT PERSON: 5t 6- K_rUurr&Y TITLE: PHONE:3IZ* 517- i*J>e> FAX: ' E-MAIL:

BUILDING OWNER INFORMATION

NAME: Ute^IA_)-/p>. flrWig-n Uf_-(U t-/>_

ADDRESS: ^<. Afe,^

CITY: STATE: ZIP CODE: _

PHONE: _ FAX: E-MAIL: _

USE OF THE PUBLIC 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_ HOW MANY? BUILDING ADDRESS__

Hh*.,**** S.p 1 V7 At. U*tU

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 CERTIFICATION

I hereby certify that all statements made as part of the application, and the attachments herein, are true to the best of my knowledge and belief.

BY: __ TITLE: _

F.E.I.N. or SOCIAL SECURITY NUMBER: _

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 oUhe"pTt)lic way is located.

ALDERMAN'S SIGNATURE: _

oUh_T3*lic way is located. ____ DATE: _ tl-H.Ho vWp: MI

CHICAGO I*

•1ffil"ift? City of Chicag° | Department of Business Affairs and Consumer Protection | Public Way Use Unit ■uSi^«_at»» Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 tommmiSdnam
www.cityofcWcago.org/bacp <http://www.cityofcWcago.org/bacp> | J12.74.GOB I_ (744.6249) | 312.742.1974 (TTY)