



**Exterior Non-Illuminated Wall ID Sign**

SOUTH TWATBR

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# APPLICATION TO USE THE PUBLIC RIGHT OF APPLICANT INFORMATION

LEGAL NAME OF ENTITY: C \A \ K QT LfUtqSno^ fc^T, l^e. PERMIT MAILING ADDRESS: tj^O /O. U^U AiZ.

CITY: i CMtoJLO STATE: -X L-  
CONTACT PERSON: UaM OkrFf-PHONE: 77^<?7k-;5TO ^ FAX: 773-9,3^  
ZIP CODE: A^L<- "7

TITLE: foj, as?-

E-MAIL: SolrM&Mhp/s^r.

## BUILDING OWNER INFORMATION

iS: £ sT/rU <fcw Sr'

NAME:

ADDRESS

CITY: Ch^tMp STATE: JTL\_

PHONE: i-^"Z FAX: -^771

ZIP CODE 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

3>n £ Waitf ST-

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: J/~^^fj TITLE: Pf^S^MT

F.E.I.N. or SPICALf SECURITY NUMBER: SH^H^

## ALDERMAN'S APPROVAL

As part of this application process, youj whose ward your proposed use of JJrfflpubj

ALDERMAN'S SIGNATURE:

DATE:

quired to notify/obtain approval from the Alderman in way is located.

CHICAGO

*mm*

City Of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit  
busuwss AHaiasa. Busies Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602  
cmeuKHMOTKiiON; www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)  
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