

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: U/Mvv-i-hv> fl_.,_, U_4._* If % OA_7c

PERMIT MAILING ADDRESS: %Z>S^ \J&s+ ?Ui*o,< Si- , Sv,-i*. SXO " *

CITY: Oh_c/faa STATE: X<~ ZIPCODE:

CONTACT PER8QN: 5l>6-Ui WiorrAU TITLE PHONE:3iZ- Sn-j^oo FAX: ' E-MAIL:

BUILDING OWNER INFORMATION

NAME: W&*kl/>-Wcw tAbAlccn U_.lt <http://U_.lt>S if*_

ADDRESS: ^ S<-».. <a.h>»*.

CITY: STATE: ZIP CODE:

PHONE: FAX: E-MAIL:

4__

USE OF THE PUBLIC WAY

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

TYPE HOW MANY? BUILDING ADDRESS_

\$A*.tA<tot S,p___ / / U ty/ncL ^^f^

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 prims should also accurately depict the location o1 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 pan of this application process, yg whose ward your proposed use of tt]

ALDERMAN'S SIGNATURE:

are required to notify/obtain approval from the Alderman in jtp^vpjxjs located.

VWiRC

DATE:

RD: 7

CHICAGO

City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit | Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 | www.cityofchicago.org/bacp | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)