

ft

^**ff

//

^ 77 ' 59-«| fAfAQ vo.|v^.:v^(T_J(y

B

APPLICATION TO USE THE PUBLIC RIGHT OF WAY APPLICANT INFORMATION

LEGAL NAME OF ENTITY: OW)W iropWi

PERMIT MAILING ADDRESS: CITY: r,k\<T^Z STATE:

CONTACT PERS'

ZIP:

TITLE:

PH0NE71HQ.-7.Sf-- <http://PH0NE71HQ.-7.Sf-->2WtfK FAX >-%X-L~l&\-f^l-C E-MAIL k-e>? g |y cj/c/<t.

PROPERTY OWNER INFORMATION

name: 0 YJ VQ fr_n frg,r 4<V «; Cfl

ADDRESS: /3^7

CITY: C.klCa^

STATE:

JiA.

It

ZIP: gflf<3

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.

Action

TYPE

&TJL.

HOW MANY? BUILDING ADDRESS

]3Z



/X)

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 mada^s^part of the application, and the attachments herein, are truejoihe]>est of myjcrfowjexif" ~ *~

byX>

pte.i.n. or social security number:

T-

ALDERMAN'S APPROV

As part of this application process, you afgrequired trj in whose ward your proposed use of^rapublic ¹

TITLE: /tffM L

ALDERMAN'S SIGNATURE:

DATE:

tify/obtain approval from the Alderman

WARD:

4s:

CHICAGO

iffecflPjli City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit lumSekaJfahu» Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 «wttM»MorewoN
www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)

Page 2 of 5