

SCHURZ HIGH SCHOOL, adjacent to the premises known as 3601 N. Milwaukee Ave..

Dear Alderman Timothy Cullerton:

The applicant referenced above has requested the use of the public right-of-way for a trash container(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

Please submit all of your application materials via mail to the following address-No faxes will be accepted.

City of Chicago Department of Business Affairs and Consumer Protection Public Way Use Unit Customer Service Center 333 S. State Street, Suite LL30 Chicago, IL 60604-3977

(312)74-GOBIZ (744-6249) (312)742-1974(TTY)

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: CHICAGO PUBLIC WAY USE UNIT

PERMIT MAILING ADDRESS: 333 S. State Street, Suite LL30 Chicago, IL 60604-3977

CITY: CHICAGO & STATE: ILL. ZIP CODE: 60604

CONTACT PERSON: John Mariane TITLE: Manager PHONE: (312) 744-2063 FAX: (312) 744-2063 EMAIL: jmariane@cityofchicago.org

USE OF THE PUBLIC WAY

1. List the proposed or existing use below and complete the attached worksheet. Only use one application per 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.

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, and true to the best of knowledge and belief."

By: Joe MA. Ki. o. J. Title: ALDERMAN

F.E.I.N. or Social Security Number: 5fc> . koO • 5*2.1 CifST__

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 of the public way is located.

ALDERMAN'S SIGNATURE