

CITY: CHfEA4,0 STATE: II- ZIP: &>&tH
CONTACT PERSON: V-AP-IE A. I^rTg- TITLE: ^WVWgTZ_
PHONE: ^>2.-SyS"-V7gr FAX: _E-MAIL: KAP^gtff I^TZJFAhM&T

PROPERTY OWNER INFORAAATION

NAME: PAVP S". kAT2- &r KAR^g" A. V-ATZ- (IfiP% JP/NTC-Y ChfAlep')
ADDRESS: /fg*/ A/. rV^g__
CITY: CHfCA&7 STATE: /£- ZIP: £>0£j*+

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!

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.

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 made as part of the application, and the attachments herein, are true to the,best of my knowledge and belief.

BY:

TITLE: PWNEI^

F.E.I.N. or SOCIAL SECURITY NUMBER: ^7^-^6gS~2-

■p&fA&rM&a gvi/N&s Af&afts a*jp consvk&z. pvatzt-rttTAt Acer^ l&oLq-i

ALDERMAN'S APPROVAL '

As part of this application process, you are required tc^nc-tity/obtain approval from the Alderman in whose ward your proposed use of thejeobjic ■

ALDERMAN'S SIGNATURE:

DATE:

WARD:

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CHICAGO

ISIBW^~J^ °* CmcaS° | Department of Business Affairs and Consumer Protection | Public Wa

«3j^^ Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicae cwsiwkprotection www.cityofchicago.org/bacp

<http://www.cityofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)

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