

EAST ELEVATION -ENTRY STEP S. RHODES AVE.

LANDON BONE BAKE

734 N Milwaukee Avenue-Chicago li p 312-988-9100. f 312-829-3302 •mw.lamlenboeabaker.com <http://%e2%80%a2mw.lamlenboeabaker.com>

WESTWOOD APARTMENT REHABS

Building Address: 6200-06 S. RHODES AVE.

issued for: Public Way Site Plan and Photographs of Existing Residential Building

Date: 04/12/2011

Department of Business Affairs and Consumer Protection

Business Assistance Center - Public Way Use Unit City Hall - 121 N. LaSalle Street, Room 800 • Chicago, IL 60602 - (312)-74-GOBIZ (312-744-6249) • (312) 744-1944 (TTY) <http://www.citvofchicago.org/bacp>

06/08/2011

Alderman Willie Cochran

Ward #20 City of Chicago City Hall, Room 300 121 North LaSalle Street Chicago, Illinois 60602

Re: An ordinance to use and maintain a portion of the public right-of-way for two (2) step(s) for POAH NSP CHICAGO, LLC, adjacent to the premises known as 6200-06 S. Rhodes Ave..

Dear Alderman Willie Cochran:

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

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APPLICATION TO USE THE PUBLIC RIGHT OF WAY

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APPLICANT INFORMATION

LEGAL NAME OF ENTITY: PGA t-A tUSP O.UiW.rtp f l .Lcl.

PERMIT MAILING ADDRESS: (aim ft. FK/A^c O _

CITY: ^Mj^Ap STATE: |L ZIP CODE: f,n,ntoai

CONTACT PERSON: /W^w^ f^y^U. TITLE

PHONE: £12.. , OT3^> FAX: _E-MAIL: jc^xf^ <g> lpt^J^ ,ovrl

BUILDING OWNER INFORMATION

NAME: fOAVA MS,** ■ r^ur^o .LU^_

ADDRESS: (flflfl g , ^ 0

CITY: CIW^p STATE: U , ZIP CODE: Un(n*>1

PHONE: 5£ ■ hO & FAX: E-MAIL: y^L^ ,o^

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_

fW»U. AjfKU ^ (eftX) ft, g-K-Yk,g,___

&a_____

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^M/^dt*^*

F.E.I.tt). or SOCIAL SECURITY NUMBER: M-if)-5

TITLE

ALDERAAN'S APPROVAL

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

80-OS_2-CpOG I

red to notify/obtain approval from the Alderman in
ALDERMAN':

WARD: /

DATE:

HICAGO

||P§ City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit nwAMesf Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 - wm
www.cityofchicago.org/bacp <<http://www.cityofchicago.org/bacp>> | 312.74.GOBIZ (744.6249) | 312.742.1974 fTTYI