



# APPLICATION TO USE THE PUBLIC RIGHT OF WAY

## APPLICANT INFORMATION

LEGAL NAME OF ENTITY: U^kv^-hw M\*AI\*a» V)tA< It 9\* flO ltaIU (X tfc PERMIT MAILING ADDRESS: "LZ.'£UJIs+ ?\h«»,< St Su,4\*. SXO " \*

CITY: Chi .: . ■ , STATE: JH- ' ZIPCODE: / > fry ls

CONTACT PERSON: Sutton HjurrVLU TITLE:

PHONE:3iZ- 5t7- Uct> FAX: ' E-MAIL: ~ ZW™

## BUILDING OWNER INFORMATION

NAME: Vjfldn Acrh^ tAAlI&cn UtIU LP\_

ADDRESS: ^ jSa»\* . tt

CITY: STATE: < ZIP CODE:

PHONE: FAX: E-MAIL:

## 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

Sip J flo V. MAbIMKi

2. Please enclose one sketch of each proposed use of the public way, which maps to scale the <sup>1</sup> 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: ■ TITLE: \_

F.E.I.N. or SOCIAL SECURITY NUMBER:

## ALDERMAN'S APPROVAL

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ALDERMAN'S SIGNATURE: ^> »

As part of this application process, you are required to notify/obtain approval from the Alderman in whose ward your proposed use oLjiaetf ublic way is located.

DATE: il^~to fWfrRD:

CH1CA00

I: \_K\_K^1P City of Chicago • Department of Business Affairs and Consumer Protection \ Public Way Use Unit westMKiArjww, Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 cof&nMH»ftnKw  
www.dtyofchicago.org/bacp <http://www.dtyofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)