

Vi Daley 43rd Ward

Koenig & Strey koenigstrey.com <http://koenigstrey.com>

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(3) REQUIRED - SINGLE FACE DISPLAYS

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REMOVE AND DISPOSE OF THREE (3) EXISTING SINGLE FACE DISPLAYS. FABRICATE AND INSTALL THREE (3) NEW SINGLE FACE DISPLAYS WITH BLACK ENAMELED CABINETS. WHITE PLASTIC FACE CHANNEL LETTERS READING "KOENIG & STREY AND PUSH THRU PLEX COPY READING "REAL LIVING KOENIGSTREY.COM" <http://KOENIGSTREY.COM> WITH LOGO.

V" TOTAL DEPTH OVER PUBLIC WAY

10-5" HEIGHT ABOVE GRADE

NORTH ELEVATION WEST ELEVATION EAST ELEVATION

COLOR PRINTS MAY NOT ACCURATELY REPRESENT SPECIFIED COLORS.

FOR ACCURATE COLOR ASSESSMENT REFER TO COLOR SPECIFICATIONS AND UTILIZE STANDARD VINYL AND PANTONE COLOR QMSITS.

PHOTO RENDERINGS MAY NOT REFLECT SCALE ACCURATELY. REFER TO SPECIFIED DIMENSIONS FOR CORRECT SIZES.

CAMERA READY ART
REQUIRED

B FIELD SURVEY REQUIRED A ADD RED LOGO BKG. 6W10 DC

F
LETTER REVISION DATE APPROVAL

(10)3698
NOTE: This drawing is for informational purposes only and is subject to change without notice. CHANCE FOR THE CITY OF CHICAGO TO BE CONSIDERED AS A CONDITION OF THE PERMIT. ANY OTHER INFORMATION IDENTIFIED IN THIS DRAWING IS SUBJECT TO CHANGE.
KOENIG & STREY

WHITE WAY SIGN COMPANY

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION Pb*

LEGAL NAME OF ENTITY: Worm S&nll £££ C-f / H-Z^OIS rfoeng 1 Sireu- PERMIT MAILING ADDRESS: _ l^tfo hi- (Ua.rk ST>
CITY: QMIKL&O

STATE:

Sog>kj H oilier

IL.

ZIP CODE: <Z>o(e>Hf-

CONTACT PERSON:

TITLE: i h &£ N6K-

PHONE: S&TSSSkUoS FAX:fk6.. ISS-SIU* E-MAIL:

BUILDING OWNER INFORMATION name: Laura. MatJipiJ Br A Ass oil

ADDRESS: A3oS Wile.ij &<L um-l- lof-

CITY:

State: o o c <<

STATE:

ZIP CODE: ^o/7J

PHONE: ^f?-S25 •" /SOP 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

4--:--

HOW MANY? BUILDING ADDRESS

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:

50CIA<r SEi

TITLE-J^£j,-h'ef mgr-

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

ALDERMAN'S APPROVAL

As part of this application process, you whose ward your proposed use of th<
ALDERMAN'S SIGNATURE:

itify/obtain approval from the Alderman in

WARD: 13

DATE:

City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit makes AFMin* Business Assistance Center | City
Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602
PROTioioN www.dtyofchKago.org/bacp
<<http://www.dtyofchKago.org/bacp>> | 312.71.GOBIZ (744.6249) | 312.742.1974 (TTY)