

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

CANT INFORMATION

APPLICANT INFORMATION LEGAL NAME OF ENTITY:

PERMIT MAILING ADDRESS :

STATE ' L-■ ZIP CODE:

CITY

CONTACT PERSON: *^hnoinCr^r^ title fauo^ tftimuj*

PHONE:&~7 3r%3(oO FAX: WIM^lofcf) EMAIL: JkmnCvH ■ CQuffi_gff

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:

APR 7 ,.2009

I hereby/certify that all statements made as part of the application and the attachments herein, pn#true to the-best of knowledge and belief.

By:

KEJ.N. or Social Security Number:

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