



Authority herein given and granted for a period of five (5) years from and after Date of Passage.

Alderman

Proco Joe Moreno 1<sup>st</sup> Ward

CITY OF CHICAGO ■ BACP-PWU. ■ BUNDLE PERMIT APPLICATION • V.09.28.10

## APPLICATION TO USE THE PUBLIC RIGHT OF WAY

### EXAMPLE OF SIGN DRAWING

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Department of Business Affairs and Consumer Protection (BACP) • Business Assistance Center (BAC)  
Public Way Use Unit (PWU) • City Hall, Room 800 • 121 North LaSalle Street, Chicago, Illinois 60602  
312.74.GOBIZ (744.6249) • 312.742.1974 (TTY)

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.cityofchicago.org/hacp> <<http://www.cityofchicago.org/hacp>>

**01/17/2013**

Alderman Proco Joe Moreno Ward # 01 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 one (1) sign(s) for HAROLD'S CHICKEN #36, adjacent to the premises known as 1361 N. Milwaukee Ave..**

**Dear Alderman Proco Joe Moreno:**

The applicant referenced above has requested the use of the public right-of-way for a sign(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 Anthony Bertuca at (312) 744-5506.

Department of Business Affairs and Consumer Protection

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APPLICATION TO USE THE PUBLIC RIGHT OF WAY

OFFICE USE ONLY

OOB PERMIT

AMNESTY ELIGIBLE YES NO

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: PERMIT MAILING ADDRESS: CITY: STATE: ZIP CODE: CONTACT PERSON: TITLE: PHONE: FAX: E-MAIL:

BUILDING OWNER INFORMATION

NAME: ADDRESS: 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 Lot.

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 my knowledge and belief.

BY: TITLE:

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: DATE:

