

WD1AA1.1MW1M SUPPORT TUBEa RANTED TO MATCH
euuwo.
Z'DEEPALUM&(UM REVERSE CHANNEL, PANTED SLACK
UOUKTRUBHTO VOJ.
UrTKKALUJLFCSS.

runted rack

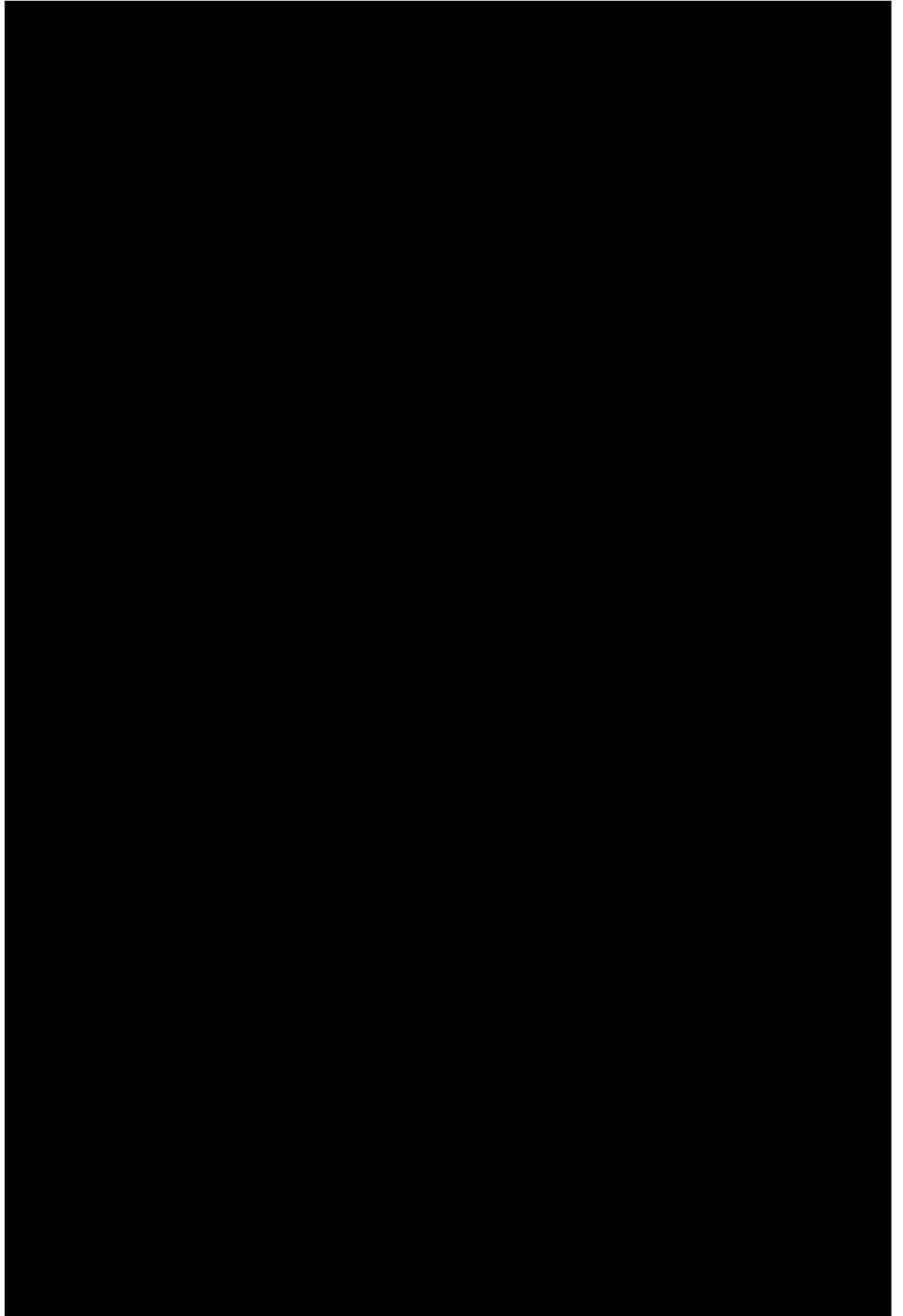
uouwt to cabwet when possible, top pece b attached to tork logo, paint sutortb to match bum.

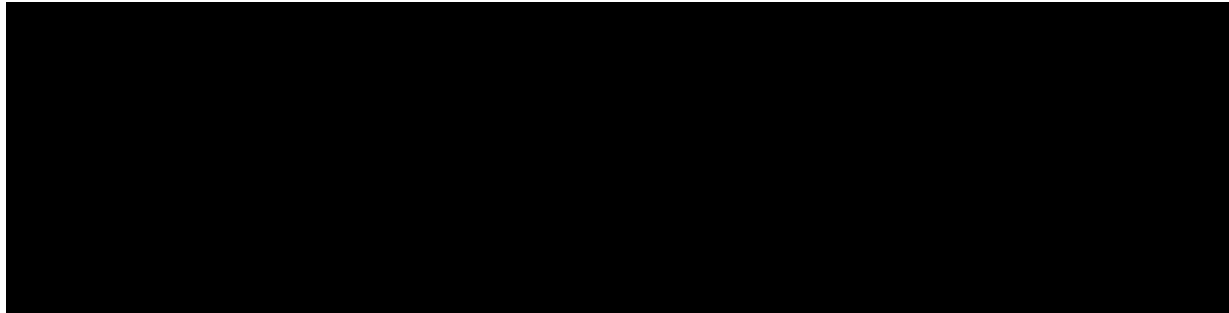
/

- TDEEPAUM.CHAIMa.10ao <http://TDEEPAUM.CHAIMa.10ao>, BWVWTE ACRYUC FACES VW 1ST SURF YELLOWS BLACK VTMYL. BLACK RETURNS&TRMCAP.
IUMaWEWIIWHTe LEO'S. MOUNT FUISH TO REO CABHEI

WALL SIGN

AUDDOS10N8A>fDEXISTr»GCOOTIoroTOE«VErCRm CLIENT TO PSOWOE FINAL CRAPHJCa PRIOR TO fABRICSnOH
MOUNTING





Typical Mounting wffli lag and sfietd anchors

NATIVE fOQDSi? CJXFe

APPLICATION TO USE THE PUBLIC RIGHT ORWAY 5 ^

APPLICANT INFORAAATION

LEGAL NAME OF ENTITY: r^ft.'TViP. fflPgIS 0 JiVT£ ^» L _ fcftft KJGfli^ fcftfe PERMIT MAILING ADDRESS:

g,t 56 &. UfAV ~cftT~ CITY: rU^^p STATE: TL

CONTACTPERSOKT: Do\Oifr

ZIP CODE: UQUOq

TITLE:

PHONE: to - U>(\M.g FAX:

E-MAIL:

BUILDING OWNER INFORMATION

NAME: MCfc^sM fop/U H/EriC «-t- LtC ADDRESS: ^ . frirx-«^r .

CITY: CJU-lfc-<

PHONE: ^IIT-^in HiOfUU FAX:

STATE: Tl.

ZIP CODE: UP unU

E-MAIL: -jg.<>s< . winr^v. l (<&

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? I

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: f S/!/ TITLE: VP

F.E.I.N^or^SOQIAL SECURITY NUMBER: A"? - H 6 SS%\ °!

ALDERAAN'S APPROVAL

As part of this application process, you,*iirmquired to notify/obtain approval from the Alderman In whose ward your proposed use of tip aubliofway is located.

ALDERMAN'S SIGNATURE:

DATE:

RD:

CHICAGO

[Ssiiilf City of ch)ca8° | Department of Business Affairs and Consumer Protection | Public Way Use Unit Buswraj^Jj Business Assistance Center (City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 cowsittfffiprotection www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)

Page 2 of 8