



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
www.chicityclerk.com

## Legislation Details (With Text)

**File #:** Or2021-39  
**Type:** Order **Status:** Passed  
**File created:** 2/26/2021 **In control:** City Council  
**Final action:** 3/24/2021  
**Title:** Issuance of permits for sign(s)/signboard(s) at 1942 W Fullerton Ave - southwest elevation  
**Sponsors:** Waguespack, Scott  
**Indexes:** SIGNS/SIGNBOARDS  
**Attachments:** 1. Or2021-39.pdf

Date	Ver.	Action By	Action	Result
3/24/2021	1	City Council	Passed	Pass
3/23/2021	1	Committee on Zoning, Landmarks and Building Standards	Recommended to Pass	
2/26/2021	1	City Council	Referred	

CITY COUNCIL  
 COMMITTEE ON ZONING, LANDMARKS AND BUILDING STANDARDS

### COUNCIL ORDER

RE: Approval of sign over 100 square feet in area or over 24 feet above grade ORDERED, that the City

Council hereby approves the following sign application submitted by:

### **Applicant\*:NORTHSHORE UNIVERSITY HEALTHSYSTEM**

("The Applicant is the owner of the real property or the business tenant of the real property. Do not list the sign contractor, sign erector, sign company or advertising entity in the above space.)

**1942W. FULLERTON** **a^iL-wji**

This Order approves the following sign in accordance with Municipal Code of Chicago Section 13-20-680:

**; 1942**

Zoning District: W^ °

DOB Sign Permit Application #: 1 00903285

Sign Details: y

1. On-premise OR Off-premise

**X**

2. Static sign OR Dynamic-image display sign

3. Number of sign faces J

**NO NA**

4. Projecting over the public way \_ (Yes or No) If yes. Public Wav

USE OF

5. Dimensions: Length feet^ inches Height ^ feet^ inches  
**176 0**

Total square feet In area: feet inches

6. Height above grade: J feet^ inches

7. Elevation (side of building or lot where the sign will be erected): SOUTHWEST

8. n^..^^-^ BULLEY & ANDREWS LLC

To be legal, such sign shall comply with all provisions of Title 17 of the Chicago Municipal Code ("Zoning Ordinance") and all other provisions of the Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures. Failure of the applicant and the applicant's successors to comply shall be grounds for invalidation or revocation of the sign permit.

**32=-**

Ward

CITY OF CHICAGO

# DEP/VRTIVI EIXIT OF BUILDIIMGS

## Sign Permit Application

APPLICATION NUMBER 100903285

YES

DRAWINGS ATTACHED r-j NO

TYPE OF SIGN SIGNBOARD

ADDRESS OF SIGN

1942 W FULLERTON AVE, 60614-

FT

18

FT

9

SQ FT

176

LBS 5

NEW CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

BOURDON, DAN 5270 LINCOLN AVE SKOK.IE, IL 60077 (847)980-6739

SHAPE OF SIGN REGULAR

SIGN WILL READ

NORTHSHORE UNIVERSITY HEALTHSYSTEM IMMEDIATE CARE

SIGN MANUFACTURER

UNKNOWN

TICKET NUMBER

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

REINSPECTION CONTROL NUMBER

0

TYPE OF SUPPORT FOR SIGN BUILDING

SIGN BOARD SUPPORT MEMBERS STEEL

NO. OF LAMPS

TOTAL WATTAGE

TYPE OF LAMP

NO OF BALLAST/TRANSFORMERS

INPUT OF TRANSFORMERS

CONTRACTOR WILL INSTALL 1 NI feeders [X] CUSTOMER LEADS

TYPE OF SWITCH

ANNUAL FEE CONSTRUCTION FEE 1017 B FEE TOTAL FEE AMOUNT PAID BALANCE DUE

200.00 Check # for Zoning

200.00 Check tt for DCAP

LOCATION OF SWITCH

SIGN LOCATION

NON-ILLUMINATED WINDOW APPLIQUE ON N. ELSTON / SOUTHWEST ELEVATION. 18'-8"L 9'-5"H. SIGN STATES: "NORTHSHORE IMMEDIATE CARE" WITH GRAPHIC

The undersigned certifies that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Chicago Municipal Code

« TGC04239

CONTRACTOR

BULLEY & ANDREWS, L.L.C.

ADDRESS

1755 W. ARMITAGE AVE. CHICAGO IL, 60622-

SUPERVISOR SIGNATURE

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits

City of Chicago

Lori E Lightfoot, Mayor

Department of Buildings Matthew Beaudet, Commissioner

ES\_PERM\_API\_WEB RDI218

TYPE 01- BUSINESS PUBLIC

Other HOSPITAL

SIGN BOND REQUIRED<sup>1</sup>

YES

Name NORTHSHORE UNIVERSITY HEALTH SYSTEM

COUNCIL ORDER REQUIRED

YES

LIC U.

is special permission required from chief electrical of request

Renewal Date

Projects Over: [v] Private Property [n] Public Way Grant Permit #.

Planned Development/Manufacturing PMD/PD# Zoning District C3

Other: C3-3

TIME STAMP

TYPE OF SIGN. 1 1 ADVERTISING

ILLUMINATE

MOVEABLE 1x1 BUSINESS

TOTAL STREET FRONTAGE OF LOT (IN FEET) 235

TOTAL AREA OF NEW SIGN (SQ.FT.)

176

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT ) 1

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 10ft 5 in

DISTANCE OF CURB LINE OUTER EDGE (ft) 25 DISTANCE OF STRUCTURE INNER EDGE (ft) 24 SIGN CLERK APPROVED FOR PERMIT

DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 AREMARKS  
LESS THAN 1,000 FT.) 5,000 C. RESIDENCE DISTRIC  
5,000

IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Paye

**Landmark Hold:** | **Status:**

ZONING (OFFICE USE ONLY)

ES\_PERM\_APP\_WEB RD1218