

WELLNESS CENTER, INC, adjacent to the premises known as 2456 W. 38th St..

Dear Alderman George Cardenas:

The applicant referenced above has requested the use of the public right-of-way for a awning(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 John Mariane, Manager, Business Assistance Center - Public Way Use Unit, at (312) 744-2063.

Very truly yours,

Norma I. Reyes Commissioner
Department of Business Affairs and Consumer Protection
NIR/sl

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION

Pilsen-Little Village Community Mental Health Center, Inc.
LEGAL NAME OF ENTITY: d/b/a PllSeh-Wellness Center. Inc._
PERMIT MAILING ADDRESS: 2319 South Damen Avenue_
CITY: Chicago STATE: Illinois ZIP CODE: 60608_
CONTACT PERSON' Leticia Vazquez j|T|_£.community Resources Coor PHONE://J.b/9.08J2 Ext24b.FAX- 773.5/9.0762-E_MA
|L.lvazquez@pillsenmh.org <mailto:L.lvazquez@pillsenmh.org>

BUILDING OWNER INFORMATION

NAME: 2454-60.W. 38th Street LLC ADDRESS- Z8zy w^ cermak
CITY- Chicago STATE: Illinois ZIPCODE: 6062?
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_
'Canopy--I--2456 W. 38th Street-

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.

Community Resources
BY: Leticia Vazquez TITLE: Coordinator
F.E.I.N. or SOCIAL SECURITY NUMBER: 36-2836998

ALDERMAN'S APPROVAL

As part of this application process, whose ward your proposed use of

ALDERMAN'S SIGNATURE:
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approjtfkfrom the Alderman in

DATE:
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George A j
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WARD: 12-12

CHICAGO

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

APPLICATION TO USE THE PUBLIC RIGHT OF WAY EXAMPLE OF CANOPY/AWNING DRAWING

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