

Sign Permit Application

APPROVAL NUMBER
 APPLICATION NUMBER
 100368103
 ANNUAL FEE
 WORK CODE
 DRAWINGS ATTACHED YES
 NO
 DATE OF APPLICATION
 10/14/2010
 ADDRESS OF SIGN
 1133 N DEARBORN ST, 60610-
 ORIGINAL PERMIT NUMBER
 type of permit new CONSTRUCTION (SIGN)
 PAYER OF ANNUAL INSPECTION
 TRAMBAS, STACY 1333 N KINGSBURY CHICAGO, IL 60642
 (312)337-2200
 SIGN MANUFACTURER
 UNKNOWN
 ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION
 TICKET NUMBER
 REINSPECTION CONTROL NUMBER
 TYPE OF SUPPORT FOR SIGN BUILDING
 SIGN BOARD SUPPORT MEMBERS STEEL
 ANNUAL FEE CONSTRUCTION FEE 1017 B FEE TOTAL FEE AMOUNT PAID BALANCE DUE
 Check # for Zonine

300.00

Check # for DCAP

\$ 300.00

type of sign CANOPY Qty: 1
 29
 IN.
4
 SQ FT
 132
 SIGN HEIGHT ABOVE GRADE/ROOF
 LBS.
250
 FT.
 10
 shape of sign REGULAR
 SIGN WILL READ
 1133 NORTH DEARBORN APARTMENTS

no. of lamps TOTAL WATTAGE

TYPE OF LAMP

NO. OF BALLAST TRANSFORMERS INPUT OF TRANSFORMERS

CONTRACTOR WILL INSTALL NO FEEDERS CUSTOMER LEADS

TYPE OF SWITCH
 LOCATION OF SWITCH
 SIGN LOCATION

EXISTING CANOPY ON BUILDING ENTRANCE WAY FACING NORTH DEARBORN READS (BLDG ADDRESS) 1133 NORTH DEARBORN APARTMENTS

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

ELECTRICAL
 SUPERVISOR SIGNATURE

JM92382

SIGN ERECTOR

TURK ELECT. SIGN CO.

SIGNER

ADDRESS

3434 N. CICERO CHICAGO XXX LL, 60641

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 Richard M. Daley, Mayor

Department of Buildings

Richard Monocchio, Commissioner

ES PERM APP WEBCEH010808

AP #: 100368103

Participating?

TYPE OF BUSINESS RES GRP LIVTNG

Other: PROPERTIES

SIGN BOND REQUIRED?

j-J YES

Name: PLANNED PROPERTY

COUNCIL ORDER REQUIRED

[x] YES

LIC #:

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL I |yes I OF REQUEST

Renewal Date:

Projects Over: [n] Private Property |Y|Public Way Grant Permit #: 1093459

0 Planned Development/Manufacturing PMD/PD#: PD344 Zoning

TIME STAMP

District. OTHER Other: PD344

TYPE OF SIGN: | 1 ADVERTISING [-J ILLUMINATE [-J MOVEABLE

f| BUSINESS I"" FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) 175

TOTAL AREA OF NEW SIGN (SQ.FT.) 132

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 130

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 14ft 6in

DISTANCE OF CURB LINE OUTER EDGE (ft) 19 DISTANCE OF STRUCTURE INNER EDGE (ft) 21

SIGN CLERK

APPROVED FOR PERMIT

DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) 1,000 B EXPRESSWAY (IF LESS THAN 1,000 FT.) 9,999 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) 1,000

REMARKS

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

Original Payee:

Landmark Hold: 1 | Status:

ZONING (OFFICE USE ONLY)

ES_PERM_APP_WEB_CEH010808

AP #.100368103

Page 2 of 2

CITY OF CHICAGO DEPARTMENT OF ZONING AND LAND USE PLANNING

SIGN SITE PLAN

(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

Site Address: 113* m, Wn <<, 6gC3io

u<<ILL~

Sign Company: FlosUw. Wy ^mv, jH^SSni Phone (773) i&> - ^3oc

W

SIGN USE:

Bus. ID (On-premise) Business Lice. #

Advertising (Off-premise)

PERMIT TYPE:

New Construction-xisfin Change of Face Previous Permit #

of\o applications

fevcifru. S4y c&.Rep Name: •=^vy>\^

it -.mm

lot'or structure)

East

□

Flat Wall Freestanding Awning -ca*opy Marquee

High Rise Building Projecting Private Projecting Public Way Public Way Use -Permit #

CTERISTICS:

Hon- Illuminated K. Illuminated D Changing Image D Video Display □ Flashing □

DISTANCE FROM:

Curb Line: iq

TOTAL SQUARE FOOTAGE:

Square footage of this proposed sign

Gross area of all proposed signs

Area of all existing signs

(not including proposed) on Zoning Lot_q_

Expressway, Toll Roads or Major Route (n/a if over 1000 ft) q.<m Park (over 10 acres) \ c&o Residential Zone

i.poo Existing Off-premise on same side of street: r\jn

Signature :

(Revised 4/10)

Pate: ib is-io

i-; -i---__L.

~W1 A'JL

,J sr.

NATIONAL SURVEY SERVICE, INC.
ALTA/ACSM LAND TITLE SURVEY -- -Jplnt of Surury

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PARCEL /1
-PARCEL 3^

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-PARCEL 2•

PARCEL 4

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FIGURE Uqj

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GRAPHIC SCALE

Apartments

1133 North Dearborn

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

10/12/2010-John Mariane

DBA Name

Location

Zip Code

Account Number

Site Number

Area

Permit Type Permit Number

1133 n. dearborn 11c

1133 N. DEARBORN ST.

60610

357076

1

PERMIT

CAN

1093459

Next steps: Department of Buildings - Permit process for signs

Your Public Way Use permit number is shown above. This number is to be used for each item on your DOB application and is needed for the Buildings (DOB) online sign application located @ www.cityofchicago.org/buildings

<<http://www.cityofchicago.org/buildings>>. All signs, canopies, banners, marquees and awnings require a buildings permit.

Only a licensed sign erector may apply for the Buildings permit online. The Buildings permit application will ask for the Public Way Use permit number supplied above. For additional information please contact the Buildings Department at (312) 744-3400.

Please return the completed Public Way Use application to City Hall -121 N. LaSalle Street, Chicago, IL 60602 Room 800. The completed application package must include a copy of the completed DOB application and the Public Way Use application.

The Public Way Use application must contain the Alderman's signature, site plans on 8 1/2 X 11 paper, photos of the item(s), the signed Acceptance letter and a copy of the insurance certificate. For additional information please contact BACP at (312)-74-GOBIZ (312-744-6249).

CITY OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION • V.04.28.10

; APPLICATION CHECKLIST (continued) -

Acceptance Letter

ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
2. Upon the passage of the permit ordinance at City Council, pay the non-refundable applicable Grant of Privilege annual permit fee .
3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
4. Resolve all Account Holds since failure to do so will prevent the processing of this permit application;
5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;

I hereby agree to accept the terms and conditions relative to issuance of the permit.

I agree to renew the Certificate of Insurance at least 10 days prior to expiration of the policy.

I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

I understand that failure to adhere to all conditions imposed in the permit may result in revocation of the permit.

SIGNATURE:

PRINT NAME:

u^(rT^v~b^ v TITLE: 1

ACCOUNT #: SITE #

LEGAL NAME OF ENTITY: [?>& frj , V^m^bfl/n t L-LC,

BUSINESS NAME (DBA):

BUSINESS LOCATION ADDRESS: ' 11J^j?T^ fagOlrttHtO f

CITY: Chicago STATp/ino/s" ' ZIP CODE: (pO^jT)

BUSINESS RHONE: 31*-^"KXAOO J^H-\. E-mail: <y-r-qgqxj ft. f pm (^par-Wvi/^TS . C (nrvx

PERMIT TYPE:

Department of Business Affairs and Consumer Protection • Business Assistance Center Public Way Use Unit ■ City Hall, Room 800 • 121 North LaSalle Street, Chicago, Illinois 60602 co«u«" nonEm www.cityofchicago.org/city/en/depts/bacp <http://www.cityofchicago.org/city/en/depts/bacp> • 312.74.GOBIZ (744.6249) • 312.742.1974 (TTY) CITY OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION ■ V.04.28.10

' - APPLICATION TO USE THE PUBLIC RIGHT OF WAY

I DOB PERMIT *:

| AMNESTY ELIGIBLE? YES NO

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: W*p^ ^gav^O/WI _

PERMIT MAILING ADDRESS: t3gg> f^ . vUrtcp|>v^v| _

CITY: LAyv\ Cgc^I) STATE: -"PL. ZIP CODE: (J?U(g4JL

CONTACT PERSONnVO>vilQttS

TITLE:

PHONE^iA. - S^OD FAX: -33^ <2 S^O

BUILDING OWNER INFORMATION name, lift?) N*. fceatrbca^rv t LLP

E-MAIL

ADDRESS:P^ M. VUnCAIOQV^' CITY: ^TATE: PHONE^a.^yi.-^

L/SE 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.

ZIP CODE: IpQte 4

E-MAIL:^rfe> Q ppr* apcf-WAfl vdf *.

TYPE

HOW MANY? BUILDING ADDRESS

bno 11???) hr^vjcW^T

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 beliefs

BY: ^^ty^^UMAA-- ^Q(HT TITLE: 9fo|\|0

F.E.I.N. or SOCIAL SECURITY NUMBER: 2\&-^3Ti tyZtfk

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:

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iWARD;

C H I C A G O

Department of Business Affairs and Consumer Protection ■ Business Assistance Center Public Way Use Unit ■ City Hall, Room 800 • 121 North LaSalle Street, Chicaeo, Illinois 60602 coSm"SSft'^oN www.cityofchicago.org/city/en/depts/bacp- <http://www.cityofchicago.org/city/en/depts/bacp-> 312.74.GOBIZ (744.6249) • 312.742.1974 (TTY)

LTR

jsdtt

NSRC

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFFECTIVE DATE (MM/DD/YY)

POLICY EXPIRATION DATE (MM/DD/YY)

LIMITS

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY CLAIMS MADE

SCO374374310

06/01/10

06/01/11

EACH OCCURRENCE

BI/PD Ded:10,000

DAMAGE TO RENTED PRFMISFS/Fa occurrence!

OCCUR

MED EXP (Any one person)

PERSONAL & ADV INJURY

GENERAL AGGREGATE

GEN'L AGGREGATE LIMIT APPLIES PER: POLICY

PRODUCTS - COMP/OP AGG

PROJECT

\$1,000,000

\$50,000

\$-

11,000,000

\$5,000,000

51,000,000

AUTOMOBILE LIABILITY

ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS

SCO374374310

06/01/10

06/01/11

COMBINED SINGLE LIMIT (Ea accident)

\$1,000,000

BODILY INJURY (Per person)

BODILY INJURY (Per accident)

PROPERTY DAMAGE (Per accident)

GARAGE LIABILITY

ANY AUTO

AUTO ONLY - EA ACCIDENT

OTHER THAN AUTO ONLY:

EXCESS/UMBRELLA LIABILITY

X OCCUR CLAIMS MADE

AUC926584800

06/01/10

06/01/11

EACH OCCURRENCE

\$25,000,000

AGGREGATE

\$25,000,000

DEDUCTIBLE RETENTION

\$0

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under

SPECIAL PROVISIONS below_

WC STATU-TORY IIMITS

OTH-FR

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

OTHER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Chicago, its agents and employees are listed as additional insured in regards to canopy, awning and signs.

see attached page for locations. (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION 10 Days for Non-Payment

City of Chicago-Office Public Way Use Unit 121 N LaSalle St. Room 800

Chicago, IL 60604

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 50 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) 1 of 3

#S807433/M751445

KY9

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25-S (2001/08) 2 of 3 #S807433/M751445

DESCRIPTIONS (Continued from Page 1)

RE: 1940 N. Lincoln 2727 N. Clark 2756 N Pine Grove 501-509 W. Diversey 632-644 W. Addison 634-643 W. Cornelia 430-446 W. Diversey 2811-2815 N. Pine Grove 3435-3441 N. Broadway 596 W Hawthorn 515 W Briar 1049 W Oakdale 455 W Wellington 3130 N Lake Shore Drive 1120 N LaSalle 1111 N Dearborn 1133 N Dearborn
AMS 25.3 (2001/08) 3 of 3 #S807433/M751445