



Office of the City Clerk

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

Legislation Text

File #: Or2013-678, Version: 1

Committee on Zoning, Landmarks, and Building Standards

(Signs)

ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to:

(Contractor's name and address)

Sign-Q-Rama
6229 West Roosevelt Road
Chicago, Illinois 60402

for the erection of a sign/signboard over 24 feet in height and/or over 100 square feet (in area of one face) at: (Business Name & Address)

New Sparks Auto Parts
1734 West 47th Street
Chicago, Illinois 60609

| | | | |
|--------------------|--------|--|-------------------------------|
| Dimensions: Length | 15'-0" | Height | 12'-0» |
| | | Height above grade/roof to top of sign | 12'-0" |
| | | <u>TOTAL SQUARE FOOT AREA:</u> | <u>180 square feet</u> |

Alderman, 15th Ward

Such sign(s) shall comply with all applicable provisions of TITLE 17 of the Chicago Zoning Ordinance and all other applicable provisions of the Municipal Code of the City of Chicago governing

the construction and maintenance of outdoor signs, signboards and structures.

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

08/16/2013 - LisaPusatcri

DBA Name

Location

Zip Code

Account Number

Site Number

Area

Permit Type Permit Number

NEW SPARK ALTO PARTS

1734 W. 47TH ST.

60609

310298

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BANNER % 1106143

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).

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICANT INFORMATION

LEGAL NAME OF ENTITY

PERMIT MAILING ADDRESS:

CITY: STATE ZIP CODE

CONTACT PERSON TITLE

phone-7?^ ;z<r7(c-lllia fax773 9£7'7j/£> E-MAIL

S^>r^>V^At6^ USE OF THE PUBLIC

1. List the proposed or existing use below and complete the worksheet on page 3 Use only one application per public way use type

TYPE HOW MANY? BUILDING ADDRESS

2. Please enclose one sketch of proposed use of the public way, which maps to scale the proposed use 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).

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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.

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TITLE:

F.E.I.N. or SOCIAL SECURITY NUMBER: I

ALDERMAN'S APPROVAL

As part of this application process, you are required to notify ^{oDlain} approval from the Alderman in whose ward your proposed use of the public way is located.

ALDERMAN'S SIGNATURE

WARD DATE

-* JUJ City of Chicago | Department of Business Affairs and Consumer Protection ; Public Way Use Unit jswsAfHUM*
Business Assistance Center | City Hall, Room 800 121 North LaSalle Street | Chicago, Illinois 60604
www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.GOBIZ | 744.6249 | 312.742.1974 (TTY)

Page 2 of 4

CITY OF CHICAGO • BACP-PWU ■ BUNDLE PERMIT APPLICATION ■ V 0=7:8.10

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 the 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 30 days prior to expiration of the policy
- I understand that if the permit 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.

DATE: 12/13/13.
 title- ITC DISINTEGRATION ACT

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ACCOUNT # _____
 LEGAL NAME OF ENTITY OR INDIVIDUAL BUSINESS NAME (DBA) - TAX ID # _____
 STATE: Illinois
 BUSINESS LOCATION ADDRESS in Chicago City/Street
 BUSINESS PHONE 1 312 YLF 313

6 B-V Department of Business Affairs and Consumer Protection IBACPI • Business Assistance Center (BAC)
 Public Way Use Unit (PWU) • City Hall, Room 800 • 121 N. LaSalle Street, Chicago, Illinois 60602. SgESJsgg&Ji
 WWW.Cityofchicago.org/bacp <http://WWW.Cityofchicago.org/bacp> • 312 74 - GOBIZ (744-6249) • v. 4. '974 - Ti

CITY OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION V. 12.21.12

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICATION WORKSHEET

- * For use by NEW APPLICANTS ONLY.
- a For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBIZ (744-6249)

Complete the worksheet for each use of the public way and indicate all applicable measurements

| Exact Street (i.e. S. State St.) | Quantity | Length of structure along public way | Height of structure | Depth of structure | Height above grade | Is this sign(s) illuminated? (Y/N) | Is this an Existing Public Way Use (Y/N) |
|----------------------------------|----------|--------------------------------------|---------------------|--------------------|--------------------|------------------------------------|--|
| SIGNS | 1 | | 6' | 8" | | | X |
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See example of required plans beginning on the next page

NOTE: Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.

1 > „V*jjf“l”) Department of Business Affairs and Consumer Protection (BACP) ■ Business Assistance Center (BAC) X^jA^dT Public Way Use Unit (PWU) ■ City Hall, Room 800 • 121 North LaSalle Street, Chicago, Illinois 60602
cwSwrOTKAwww.cityofchicago.org/bacp- <http://cwSwrOTKAwww.cityofchicago.org/bacp-> 312.74.GOBIZ (744.6249) • 312.742.1974 (TTY)

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CITY OF CHICAGO ■ BACP-PWU' • BUNDLE PERMIT APPLICATION V.12.21.12

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

www.cityofchicago.org/bacp- <http://www.cityofchicago.org/bacp-> 312.74.GOBIZ (744.6249) • 312.742.1974 (TTY)

CITY OF CHICAGO

DEPARTMENT OF BUSINESS AFFAIRS & CONSUMER PROTECTION (BACP)

BUSINESS INFORMATION SHEET

Type of PRE-AppJication Business

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Business Entity Information

Type of Business

Legal Name of Business
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"Doing Business As" Name

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A State of Illinois File Number is REQUIRED for r+il (Illinois and Non-Illinois based!). Ps, LLPs, LLCs, Corporations, and Non-Profit Corps
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State Of HHnOiS Fil«#=#^y/V •
Assig.-ed byif* Minols Secretary of State at59 W. Washington St. Su te 1240,
(JjJWISO or@ ^c^A*!..* . i^r^A^res

A Federal Employer Identification Number (EIN) is REQUIRED for all business er/.iv,- types except for Sole Proprietorships.

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Assigned by the Internal Revenue Seivlee at 230 S. Dearborn St. (312! 56M91
or (800)82W933, < @www.irs.gO¥i1wsln«svB <http://www.irs.gO%c2%a5i1wsln%

An Account ID Number is REQUIRED for ALL business entity types that conduct business in the state of Illinois or with Illinois customers ;(ormeny)BT#) IDOR Account ID #

Public Way Use (PWU) s.gr< aw-,-PWU Permit #

Assigned by the Illinois Department ofRevenue at liK w RandofchSI \HQZ) 732-8866. or @ hnp^tojiftH» .gav/8ij^esses/irdexhw > 6jsiness
Registraicn

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PWU Account #

Business Activity and Location

Business Activity

If selling goods, what type of sale?" Retail (Consumers Only) Wholesale (Business to Business Only) Bolt)

J,0 ?le '<Vj(S floor a

7!?

Square footage used by the business

ts' .Y3T*

Primary Contact Person /L. |

■ *' W**D)?

Contact Phone # f /' ^

Contact E-mail Address

P(f^ Sfr' "OMPI.PTF THE BACH SIDE 0? THIS FORM AS WELL ■*

Owner and Officer Information (as required per 4-4-050)

Sole Proprietors are required to provide information about the Individual who owns the business
Partnerships & Limited Partnerships are required to provide information about all the Partners at the Meeting
Limited Liability Companies are required to provide information about the organization's Members and any other shareholder(s) with a Beneficial Interest
Corporations are required to provide information about the organization's President, Secretary and any other shareholder(s) with a Beneficial Interest
Non-Profit Corporations are required to provide information about the organization's President and Secretary

First-Name

Middle Name

Current Residential Address

gather: If {^Q ,f} O Last Name _J

Suite/Apt.* City] '
^ociaj^unty^uniber

State ZIP Code
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Middle Name

Current Residential Address

Social Security Number

Date of Birth

Ownership % Title

Vice President Member Other:

First Name

Current Residential Address

Social Security Number

Date of Birth

Ownership % Title

Treasurer Member Other:

First Name

Current Residential Address

Social Security Number

Date of Birth

Ownership % Title

Shareholder Other

First Name

Current Residential Address

Social Security Number

Date of Birth

Completed BIS forms may be submitted In-person at the address below, or by e-mail attachment at buBusiness@cityofchicago.org

<mailto:buMinessllceroe@ctyofchicago.fg>. Please do NOT include/send any payments with this pre-application.

111h¹ CITY OF CHICAGO • Department of Bvsirwss Affairs and Consumer Protection • Business Assistance Center S-S««i ty Hall • 121 North LaSalle Street. Room Chicago, IL 60602 • (312) 74-GOBIZ (744-6249) • www.ctyofchicago.orp/bacp <http://www.ctyofchicago.orp/bacp>

CERTIFICATE OF LIABILITY INSURANCE op,d jt

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: H the certificate holder Is an ADDITIONAL INSURED, the polcy(ies) must be endorsed, tf SUBROGATION 15 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 endorsements).

LUIJIULI

Hunt Insurance Agency, Inc.

12000 S. Harlem Avenue
Palos Heights IL 60463-1153

Phone: 708-361-5300 Fax: 708-361-5316

name Lawrence K. Hunt, CIC, CRM

Two:No.E«t« 708-361-5300"" 5/c.mq) 708-361-53K

address lhunt@thehuntgroup.com <mailto:lhunt@thehuntgroup.com>

NAIC •

15261

INSURER 1 'NSURER B INSURER C INSURER D INSURER G INSURER F

CUSTOMER ID » LOPEZ-Z.

INSURER IS1 AFFORDING COVERAGE

Ramiro Lopez P.O. Box 32118 Chicago IL 60632

Society Insurance Company

CERTIFICATE NUMBER:

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■INSR | WVD!

TYPE OF INSURANCE

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BOP 532215

GENERAL LIABILITY

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BUILDING

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule of more ?pece i» required)
City of Chicago, its agents and employees are listed as additional insured in regards to the banner located at 1734 W. 47th Street.

CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLIC > PROVISIONS

**City of Chicago
Public Way Use Unit
121 N LaSalle - Room 800
Chicago IL 60602**

The ACORD name and logo are registered marks of ACORD