



Office of the City Clerk

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

Legislation Text

File #: O2011-2959, Version: 1

ORDINANCE MBODY MASSAGE Acct. No. 358008 -1 Permit No. 1094489

Be It Ordained by the City Council of the City of Chicago:

SECTION 1. Permission and authority are hereby given and granted to MBODY MASSAGE, upon the terms and subject to the conditions of this ordinance to construct, install, maintain and use one (1) Awning(s) projecting over the public right-of-way adjacent to its premises known as 4125 N. Broadway .

Said Awning(s) at n. braodway measure(s):

One (1) at eighteen point eight three (18.83) feet in length, and three point three three (3.33) feet in width for a total of sixty-two point seven (62.7) square feet.

The location of said privilege shall be as shown on prints kept on file with the Department of Business Affairs and Consumer Protection and the Office of the City Clerk.

Said privilege shall be constructed in accordance with plans and specifications approved by the Zoning Department - Signs.

This grant of privilege in the public way shall be subject to the provisions of Section 10-28-015 and all other required provisions of the Municipal Code of Chicago.

The grantee shall pay to the City of Chicago as compensation for the privilege #1094489 herein granted the sum of fifty (\$50.00) per annum in advance.

A 25% penalty will be added for payments received after due date.

The permit holder agrees to hold the City of Chicago harmless for any damage, relocation or replacement costs associated with damage, relocation or removal of private property caused by the City performing work in the public way. Authority herein given and granted for a period of five (5) years from and after Date of Passage.

Helen Shiller 46th Ward

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CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION • V.09.28.10

^APPLICATION TO USE THE PUBLIC RIGHT OF WAY"

DOB PERMIT #:

AMNESTY ELIGIBLE? DYES NO

APPLICANT INFORMA TION

LEGAL NAME OF ENTITY: U\pod\j MA^/filftd*" PERMIT MAILING ADDRESS: IfjyC J/V. fyflk^x^

CITY:

O

STATE:

^CONTACT PERSpyi- SrtX/K/I ^ferW

ZIP CODE: {/foIo^c^

PHONE:

FAX:

TITLE:

E-MAIL: <,Wc&Sk)CcX<UL

BUILDING OWNER INFORMATION

name: ^osefaPe>yifjo ..

ADDRESS: Wr? N. UUH. QaDSZ- I^A

CITY:

PHONE:

TO

STATE: (L-

ZIPCODE: 6;Q6?(5

AX:

E-MAIL:

/SE OF THE PUBLIC WA Y

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

CM

HOW MANY? 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 CERTIFICA TION

I hereby certify that all statements made as part of the application, and the attachments herein, are tuie-tpfrthe best of my knowledge and belief.

BY:

TITLE

>2L

-F.E.I

NUMBER: 2\$%

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: UMjLU jUudjC£^]

DATE:

WARD:

CHICAGO

Department of Business Affairs and Consumer Protection (BACP) • Business Assistance Center (BAC) "liES Public Way Use Unit (PWU) • City Hall, Room 800 • 121 North.LaSalle Street, Chicago, Illinois 60602

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