



Office of the City Clerk

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

Legislation Text

File #: Or2013-25, Version: 1

CITY COUNCIL MEETING Introduced
January 17,2013

**Ordered, That the commissioner of buildings is hereby authorized and directed to Issue A sign permit to: Awings Express
8029 S. Western Ave.
Chicago, IL 60620**

For the erection of a sign/signboard over 24 feet in height and/or 100 square feet in the area of one facet at:

**Mexico Sons Mufflers & Brakes 5700 S.
Western Avenue Chicago, IL 60636**

Dimensions: Length: 65 Ft Height: 7 Ft Height
above grade/roof to top of sign: 9 FT Total Square Foot
Area: 455 Sq Ft

Such sign(s) shall comply with the applicable provisions of Title 17 of the Chicago Zoning Ordinance of the Municipal Code of the City of Chicago governing the construction and maintenance of outdoor signs, signboards and structures.

Jo Ann Thompson Alderman, 16th
Ward

01-14-13;01:02PM;

;7734343889

CITY OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION • V.09.2S.10

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

cmce use only

DOBPEHMTT*:

AMNESTY EUG: YES NO

APPLICANT INFORMATION

LEGAL NAME OF ENTITY: kl, *lCO Muff/eSS -f 7>rtJTeS
PERMIT MAILING ADDRESS: <. ^srcr* aVC
CITY: C4vt<:o.<HO STATE: zr/IT^rs ZIP CODE: /bo6>3l£>
CONTACT PERSON: AAarh'H hKt^ TITLE:
PHONE: 77V 7*37- f ^QO FAX: -p^ , 7V1 » ^ o«y E-MAIL:

BUILDING OWNER INFORMATION

ADDRESS: 5-/3./ n#U Me
CITY: STATE: ^A ZIP CODE: ^3(H¥
PHONE: 7/S--T^LQ> -?/^y FAX: 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 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 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.

BY:

TITLE: /s6t<s"/s&a.

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: fW'~*j*4*^VM*f^~

DATE: fSLfdsteilH-

WARD: I to

B

CHICAGO



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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.dTyofchfcago.org/bacp <http://www.dTyofchfcago.org/bacp> •

312.74.G08IZ (744.6249) • 312.742.1974 (TTY)
01-14-13:01:02PM;

CrTY OF CHICAGO ■ BACP-PWU ■ BUNDLE PERMIT APPLICATION . V.09.28.10

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICATION WORKSHEET

*3 For use by NEW APPLICANTS ONLY.

53 For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBE (744-6249)

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

Exact Street (i.g. o. oidle ol.;	Quantity of structure along public way	Length of structure	Height of structure	Depth of structure	Height above grade	Total depth over public way	n £ 3 mm £ - M	' Is this an Existing Public Way Use (Y/N)
	fey	Y	'	r	.0	M		

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o -

See example of required plans beginning on page 5.

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.

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City of Chicago Department of Business Affairs and Consumer Protection (BACP) • Business Assistance Center (BAC) 744-K-K.F* Public Way Use Unit (PWU) • City Hall, Room 800 - 121 North LaSalle Street, Chicago, Illinois 60602 @8\$2Sgl&ti& & www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> • 312.74.G0BIZ (744.6249) • 312.742.1974 (TTY)

Date:

5/17

72-27-12

SalesPerson:

Address: 5700 S. Western Ave. Chicago IL

Awnings Express

Office: (773) 579-143/ Fax:(773) 863-5669

LENGTH ALONG PUBLIC WAY

WHITE
mam

0'
outTo
PUBLIC

PARKING

LOT

6
P i-
N 10
9'

ELEVATION:

S

Western Ave.

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 application 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: _____
 ^ F.E.I.N. or SOCIAL SECURITY NUMBER: _____

DATE: _____
 TITLE: _____

ACCOUNTS STATE

LEGAL NAME OF ENTITY: _____ BUSINESS NAME (DBA): _____

BUSINESS LOCATION ADDRESS: _____

CITY: Chicago

STATE: Illinois

ZIP CODE: _____

BUSINESS PHONE: 773 - 731 - _____

E-MAIL _____

PERMIT TYPE: _____

EXPRESS

Quality. Sign*

iii e-mail: Awningexpress@sbcglobal.net <<mailto:Awningexpress@sbcglobal.net>>
Channel Letter*

Veronica D.

8028 S. Western Av. 60620 jf^.

Office (773) 573-1437 Fax (773) 353-6669