



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** Or2013-158  
**Type:** Order **Status:** Passed  
**File created:** 3/26/2013 **In control:** City Council  
**Final action:** 4/10/2013  
**Title:** Issuance of permits for sign(s)/signboard(s) at 4730 N Kimball Ave  
**Sponsors:** Mell, Richard F.  
**Indexes:** SIGNS/SIGNBOARDS  
**Attachments:** 1. Or2013-158.pdf

Date	Ver.	Action By	Action	Result
4/10/2013	1	City Council	Passed	Pass
3/26/2013	1	Committee on Zoning, Landmarks and Building Standards	Recommended to Pass	Pass
3/26/2013	1	City Council	Referred	

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**4740 Ntm-WB CUHBBttLANO AVEMUB**

**CHICAGO, ILLINOIS 60656-4239**

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and <^aifit\*riAa;ii! or out.fcX>i »<qr«». a.jy.-iK-rtti}\* ar.d sarjctursH.

Aloerman, Ward

<https://7ipiwcb.cir\ofchicago.org/Reports/Default.aspx?CAM/kx5XS..>

CITY OF CHICAGO

# DE fPARTIVIEWT OF OUIL,DiSyG3 Sign Permit Application

APPLICATION NUMBER 100460520

DRAWINGS ATTACHED

racoFso!; FLAT OR BOX  
adoressofmgk

4730 N KIMBALL AVE. 60625-

FT.  
10  
K.  
0  
ft.  
25  
ay rr. 250

LBS  
110

NEW CONSTRUCTION (SIGN)

PAYHi Or A>^VAL [WICTKK  
PERUN. BARBARA 2901 BUTTERFIELD RD OAK BROOK, IL 60523  
(630)586-6442

shape of sc- REGULAR

SK\* KI.U. W-ID  
KIMBALL STATION

SIGN MAVLTACTVRER  
CREATTVE EDGE

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BUILDING

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SUSSOAKD 3VW0KT MSOKU NONE

ANNUAL FEE CONSTRUCTION FEE 1017 B PER  
total fee amount patd balance due

Check V foi Zooms

700.00

Check i for DCAP

200.00

S 500.00

UKAIXTTCCT SWITCH

aiCl-. LOCAUO:

ATTACH VINYL BANNER TO BUILDING WALL

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N93138

LIBERTY FLAG

) I 4740 N. CUMBERLAND AVE. i  
I CHICAGO XXX IL. 606\*56-

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City of Chicago  
Rabin limamiol, Mayor  
Department of Buddings Michael Merchant, Commissioner

ES PERM .APP ttT-BRDOeWII

3/14/2013 10:29 AM  
<<https://ipiweb.cityofchicago.org/ReportS/Default.aspx?CAM/kx5XS>>.

TYPE OF BUSINESS RESIDENTIAL Other: SIGN BOND REQUIRED"" Q YES  
None: COUNCIL ORDER REQUIRED fx) YES  
LIC\*: Renewal Dale-

is special permission required from. chief electrical  ye:  
of request

Projects Over: [y]p<< ate Property [N-]Public Way Grant Permit s:

1 1 Planned T>velopment'Mrmuf<ttring PMD/PD\*: Zoniii District: B3 Other: TIME STAMP

TYPE OF SIGN: I | ADVERTISING Q ILLUMINATE Q MOVEABLE  
(5T) BUSINESS f^n] FLASHING

TOTAL STREET FRONTAGE OF LOT (En- FEET) 60

TOTAL AREA OK NEW SIGN (SQ.FT.) 250

TOTAL AREA OF ALL SIGNS ON LOT (SQ FT.) 1  
HEIGHT OF SIGN ABOVE GRADE (TO TOP) 45fj (Jin

DISTANCE OF CURB LINE OUTER EDGE (ft) 15 SIGN CLERIC APPROVED FOR PERMIT

DISTANCE OF STRUCTURE INNER EDGE (ft) 25  
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) li. EXPRESSWAY ("IF  
LESS THAN 1.000 FT ■ C RESIDENCE DISTRICT (ADVERTISING SIGN'S ONLY)  
IF REHJUXUENT SIGN OR CHANGE OF FACE. 'A HAT DOES THE EXISTING SIGN  
READ? Origins! Payee:

Landmark Hold: | Status:  
ZONING (OFFICE USE ONLY)

3/14/2013 10:29 AM  
DATE (MM/DD/YYYY)

3/14/2013

Clients: 32271 INLAPRI

COVERAGES  
REVISION NUMBER:

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER L. Price Team Mesriow Insurance Serv CONTACT NAME:  
Suite 1200 Chicago, IL 60654

(a/cTno. eh): 312 595-6200 j No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE NAICt

insurer a : Federal Insurance Company 20281

INSUREO Inland Private Capital Corporation 2901 Brook, IL 60523 Insurer e : Lexington Insurance Company 19437

INSURER C-:

INSUREH D :

INSURER E :

INSURER F:]

## CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMEO ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RFDUCED BY PAID CLAIMS.

INSR LTR

TYPE OF INSURANCE

GENERAL LIABILITY

X' COMMERCIAL GENFI1ALLIABILITY i j CLAIMS-MAOE Xi CCCJR

GCN'L AGGREGATE LIMIT APPLIES PER:

l r i pro- nn

I POLICY 1 IJECT [A J LGC

AUTOMOBILE LIABILITY

ADDLSU6R INSR WWU

POLICY EFF POLICY EXP (MM/DD/YYYY) (MHVDD/YYYY)

10/01/2013! EACH OCCURRENCE

DAMAGE TO RENTED PREMISES (r.n recutrercei

■ #/ED EXP (Any imb poison;

PERSONAL S ACV IN JURY

i CIEHFRAI AGGREGATE PRODUCTS ■ GOMfOP AGO

COMBINED SINGLE Lir:TT

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H RED AUTOS

SCHEDULED A JI OS NON-OWNED AUTOS  
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CCCU\*. CLAIKS-M.

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CEO i X RETENTION \$0

WORKCRS COMPENSATION  
J AND EMPLOYERS' LIABILITY Y : P  
'ANY PROPBI^UH^'AllItisri^'EXECJTive,-H i  
: OFFICEVMEMOEH CXC-UD-ID? j IM\*  
j (Mandatory in NH)  
j il vvs. oascriLe ur.cer i l DESCRIPTION or OPERATIONS uelcw

j Property Special / RC [Agreed Amount

WC STAT > iOTH-; !EH\_J  
tOnvllMIIB .i.

■ E L EACH ACCIDENT

• E L DISEASE ■ EA EMPLOYEE E L DISEASE - POLICY limit

10/01/2013 S100,000,000 Blkt Limit I S25,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VCHICLES (Attach ACOHO 101. Aciflional Romaics Schedule, It more space Is required)

Re: Kimball Station Apartments 4720 North Kimball, Chicago, IL 60625 Named

Insured: Chicagoland Multifamily DST Certificate issued as evidence of coverage.

Evidence of Coverage i

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  
AUTHORIZED REPRESENTATIVE

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