



Office of the City Clerk

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

Legislation Details (With Text)

File #: Or2016-658
Type: Order
Status: Passed
File created: 11/16/2016
In control: City Council
Final action: 12/14/2016
Title: Issuance of permits for sign(s)/signboard(s) at 2933 N Elston Ave
Sponsors: Mell, Deborah
Indexes: SIGNS/SIGNBOARDS
Attachments: 1. Or2016-658.pdf

Date	Ver.	Action By	Action	Result
12/14/2016	1	City Council	Passed	Pass
11/29/2016	1	Committee on Zoning, Landmarks and Building Standards	Recommended to Pass	Pass
11/16/2016	1	City Council	Referred	

ORDERED, That the Commissioner of the Building Department is hereby directed to issue a sign permit to: (Contractor's name and address)

**T.A. Cummings Jr., Co 4153 Main St.
Skokie, IL 60076**

For the erection of a sign / signboard over twenty-four (24) feet in height and / or over one hundred (100) square feet (in area of one face) at:

2933 N. Elston Av Chicago, IL 60618

With the following Dimensions, height, and square foot area:

**Dimensions: Length: 4 feet Height, 38 feet Length Height Above Grade /
Roof to top of Sign: 10 feet Total Square Foot Area: 152 Square Feet**

Such signs shall comply with all 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, sign boards, and structures.

DEBORAH MELL Alderman, 33rd Ward

CITY OF CHICAGO • OACP-PWU • BUNDLE PERMIT APPLICATION ■ V.02.21.14

APPLICATION TO USE THE PUBLIC RIGHT OF WAY

LEGAL NAME OF ENTITY. PERMIT MAILING ADDRESS" -CITY: ciltri^h

APPLICANT INFORMATION,

STATE: IL

': CL&SS iC WhuD CM-Wfi&tt yJte-TirVIL Qe*s&1- liWC-

ZIP CODE: Cf>cY~j*

TITLE: O-ujue-fl...

E-MAIL:

CONTACT PERSON: M^UyIVCvQ jUo^ PHONt: • it'.y-Wn lXM FAX: 7oX 24ft<* % ifn

BUILDING OWNER INFORMATION NAME: M^OK-lAtJ" MiMUh^h ADDRESS: 'Mj ^ V ■

&L&TQfJ

PHONE: 77^

STATE: / L

ooyo FAX"

t/SE OF frVE Pt/fiL/C IrViA V

1. List the proposed or existing use below and complete the worksheet on page 8. Use only one application for each public way use type.

<input type="checkbox"/> f3T Electrical Sign	<input type="checkbox"/> Digital Imaging	<input type="checkbox"/> Canopy	<input type="checkbox"/> 0" Awning
<input type="checkbox"/> Non-Electrical Sign	<input type="checkbox"/> Banner	<input type="checkbox"/> Marquee	<input type="checkbox"/> Light Fixture

HOW MANY? 4-

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. t

BY:

T.TLE:/4^^

ALDERMAN'S APPROVAL

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

Approval shall not be withheld for any reason relating to the content or message contained in or implied by the sign, canopy, awning, banner or message for which the permit is sought. If aldermanic signature indicating approval is not motivated by BACP within 10 days of submission of the application to the alderman then provided the application is complete and accurate and the applicant is not in violation of any pertinent provision of the Municipal Code, the application shall be deemed approved by the BACP and processed for submission to the City Council as a Hasty Introduction.

Approve j Reason(s):

☐ Do Not Approve (Reason(s):
Illinois 60602

KraT) apartment of Business Affairs and Consumer Protection (BACP) • Small Business Center
UWB^J Pwhlfr Wax/ ll« ll,«r /PWIU . C.ltv Hall. Room Ann . 171 North I aSallP StrPpt. Chicao. ll

Scanned by CamScanner

11/25/2315 09:16

CERTIFICATE OF LIABILITY INSURANCE

TMU) CERTIFICATE IS ISSUED AS A HATTER OF INFORMATION ONLY ANO CONFERS MO RIGHTS UFON THE CERTIFICATE HOUJIIR. THIS CERTIFICATE DOES MOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THI COVE RAGS AFFORDED BY THE POUCIF.S BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISBUINO INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

ggiffi" Joanna Vogalabarg

IMPORTANT: If »• cart flea* holder |b |n ADDITIONAL INSURED, tha polcy(lM) mult ba andarM*. U SUBROSATION 18 WAWED. aubject to
• trnn and conditions of ihe polls?, oartoin pellicca may wquira an endonamaM. A slatanrant en thi eartHleita doaa net confer rights to tha
cartlHaata tioldar in lam of aucti Bndormamantfr).

mooucoi

(1*7? «7»-7350

usessn.

IN4tmIW*-A»oq rnaurainca Co

T.A. Cvxtminqs Jx. Co. 4153 Main St.

fSkoklo

XL 60076

mauaaic

IMSVKiO

CLASSIC CAR HASH ISC '2933 X ELSTOM AVE
REVISIOWMUMBCR!

CHICAGO
COVERAGES

IL 60G18-7S07

CERTIFICATE NUMBERIS/16Ct

uMirt
'V-Itnt' :l ir Ujll

ITB
rmor ihmimance

1,000,000

TWS IS TO CERTTY DWT THE POLICIES ry= INSURANCE LISTED BELOW HAVE SEEN ISSUED TO THE INSUMID NAMED ABOVE FOR THE POLICY PwOO
INDICATED. NOTWITHSTANDING AW REQUIREMENT, TERM OR CONDITION OF ANY OOUTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TUB
CSKDHKATE MAY BE 13SUED OR MAY P&WAIN, THE INSURANCE AFFOaOEO BY THE POUc*£ OESORTIOEP HERON IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
GatouLUtmirY

COUUtfoH. a&gVL LIABILITY

■ CLAIMS-WADS] X 1 OCCUR.

™ Wra751lITtattl

300,000

5,000

kCniUDlICIMSO

X.S EXT <m» fct°")

1,000,000

EACH OCOJPGNCg

1/1/2015 «/l/20I»

Og*L AOOSTOATE UMTT aPPICS PO*

AUTOMOBILE HABBTV

ANVA/TO
AU.C«MGD
AUT06

MneoAuros

SCHEDULED AUTOS HON-CNTNSD •UITTM

a

occur

OLMMCMtfla

DCO

WOfaosw coMMmanou
ANOEMPLOmS'UaMLm'
hw«y (aw) ulhe luWMTNPMggunvg r « y/N
OWCOCUMEMER OXLUOCOT
(aa'imyl»M'
Uyt*. «B»*bt trt f

oeacfrmmH of ofgmnQW6

Sign Light PixUw and Sldavalle Caſc at 2033 M. Blaton, Chicago, TJL

Ma: JUfyiny, sign ca.x-H>nt* nntt BuuvtM «v »J J n. ttu^l, wlnqo,
ij a primary/noncontrlmtery additional inamxad *• raapaota gao«raJ. lLaJoility cofulibxonf.

«06la, City ol Cbloa^e paor policy tana C

CERTIFICATE HOLDER

■MOULD ANY Of THE AeOYf OISCRWED >0iicJEt kE CANCELLED BEFORE TME EWAATIO*
DATE THEREOF, NOTICt WU BE DELIVEREO «• ACCOROANCE MTK THE POLICY FXOVUIOMS.

City of Chicago
AUTHOMZED anaUHTATWE
Departa^e«it of Buftinaas Affairs and Conauwr Proteotioo, ItdoLLc May Us* Onit 121 Worth i*Salla 8tr««t
Roan 800
Chicago, It 6O«02
CORO 29 [3010/05)
IS025fJ0l(»S)*l

Scott CUBaJLnga/JV

018WJ010 ACOKD CORPORATION. All righto reserved. Tha A CORD Mm ind lofo w« rsgUtsred markB of

AC0R0

Scanned by CamScanner

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

,2/22/2015 -Anthony Bertuca

CLASSIC HAND CARWASH & DETAIL CENTER INC.

2933 N. ELSTON AVE.

Zip Code

Account Number

Site Number

PERMIT

Permit Type

Permit Number

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 annlv 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 i(cm(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.

Scanned by CamScanner