

Office of the City Clerk

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

Legislation Details (With Text)

File #: Or2018-650

Type: Order Status: Passed

File created: 12/12/2018 In control: City Council

Final action: 1/23/2019

Title: Issuance of permits for sign(s)/signboard(s) at 2900 N Ashland Ave

Sponsors: Waguespack, Scott

Indexes: SIGNS/SIGNBOARDS

Attachments: 1. Or2018-650.pdf

Date	Ver.	Action By	Action	Result
1/23/2019	1	City Council	Passed	Pass
1/17/2019	1	Committee on Zoning, Landmarks and Building Standards	Recommended to Pass	
12/12/2018	1	City Council	Referred	

CITY COUNCIL

COMMITTEE ON ZONING, LANDMARKS AND BUILDING STANDARDS

COUNCIL ORDER

RE: Approval of sign over 100 square feet in area or over 24 feet above grade ORDERED, that the City

Council hereby approves the following sign application submitted by:

Children's Healthcare Associates

Applicant*

(* The Applicant is the owner of the real property or the business tenant of the real property. Do not list the sign contractor, sign erector, sign company or advertising entity in the above space.)

This Order approves the following sign in accordance with Municipal Code of Chicago Section 13-20-680:

Addr«sofs,6n: 2900 N Ashland Ave

«___-,,<u>__</u>_,_

: 290C B3-2

Zoning District:

Application #: ' ww ^'

100791945 DOB Sign Permit

Sign Details: _v

1. On-premise OR Off-premise.

2. Static sign OR Dynamic-image display sign

1

3. Number of sign faces

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(Yes or No) If ves. Public Wav Use tt: ^ 3^ ^ ^ Projecting over the public way ___ (Yes or No) If yes, Public Way Use #:

> 35 6 42

inches Dimensions: Length inches Height feet

Total square feet in area: feet inches

Height above grade: _J_a feet inches

Elevation (side of building or lot where the sign will be erected): East Building Elevation

Name of Sign Contractor/Erector: D°vle SignS. InC

To be legal, such sign shall comply with all provisions of Title 17 of the Chicago Municipal Code ("Zoning Ordinance") and all other provisions ofthe Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures. Failure of the applicant and the applicant's successors tacomply shall be grounds for invalidation or revocation of the sign permit.

essors tacomply shall be gi

Alderman C/ Ward

CITY OF CHICAGO

OE PARTIVI EIMT

Sign Permit Application

DRAWINGS YES ATTACHED APPROVAL NUMBER ANNUAL FEE WORK CODE APPLICATION NUMBER

100791945

FLAT OR BOX type of sign

ADDRESS OF SIGN 2900 N ASHLAND AVE, 60657-

FT 35

6

4

SO FT 148

LBS 300

type of permit NEW CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

CHILDRENS HEALTHCARE ASSOCIATE, CHILDRENS HEALTHCARE ASSOCIATE 2835 N SHEFFIELD CHICAGO, IL 60657

SHAPE OF SIGN REGULAR

CHILDREN'S HEALTHCARE ASSOCIATES PEDIATRIC & ADOLE

(773)348-9200

SIGN MANUFACTURER

DOYLE SIGNS, INC

TOTAL WATTAGE

840

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

Fil. #- 0.0040	050 Manalana 4					
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	TYPE OF LAMP OTHER					
NO OF HALLASTmtANSFORM	MERS					
INPUT OF TRANSFORMERS 120			3			
TYPE OF SUPPORT FOR S						
ANNUAL FEE CO	ONSTRUCTION FEE 10	017 B FEE TOTAL FEE AMC	OUNT PAID BA	ALANCE DUE		
	Check # for Zonirm					
400.00						
200.00	Check # for DCAP					
\$ 200.00						
location of swiTdi	LISTED FLUSH TO	GGLE				
		NALLY ILLUMINATED CH. EN'S HEALTHCARE ASSOC		ERS TO BE MOUNTED TO TI	HE SIDE (EAST) BUILDING	
The umicni	iuneii certitv that the statements in lht*;	annlication :ire true ;init torrcct anil that ;ill work iln	iie muter the nn>no Cil</td <td>normut will unnfiirni tn the lecuuromonls (if tho C'luciil</td> <td>l'u Mmncin.il <http: mmncin.il=""> Code</http:></td>	normut will unnfiirni tn the lecuuromonls (if tho C'luciil	l'u Mmncin.il <http: mmncin.il=""> Code</http:>	
« TGC101001						
ELECT CONTR* DOYLE SIGINS I	NC					
ADDRESS 232 INTERSTATE CONTRACT OR* DOYLE SIGNS IN	E RD - P.O. BOX 1068 A	ADDISON, IL60I01-				
ADDRESS 232 WEST INTER SUPERVISOR SIGNATURE	STATE ROAD ADDIS	ON IL, 60101				
The permit issued on this applic	cation will authorize only signs here app	ilied fur If other signs are to be erected they must	be covered by additional	permits		
City of Chicago Rahm Emanuel, M	ayor					
Department of Buil	ldings Judith Frydland, (Commissioner				
ES_PERM_APP_WEB RDI	218					
TYPE OF BUSINESS C		Other: HEALTHCARE		SIGN BOND REQUIRED?	∖~J YES	
Name:				COUNCIL ORDER REQUIRED	[x] YES	
LIC #: Renewal Da	ate:					
				IS SPECIAL PERMISSION REQUIR LETTER OF REQUEST	RED FROM CHIEF ELECTRICAL $f I$	
Projects Over: _0 F	Private Property Publi	c Way Grant Permit #	#: 113 5174	LETTER OF REQUEST		
Planned Develo	pment/Manufacturing Pl	MD/PDjt: Zoning District: B3	3 Oth	nerTIME STAMP		
TYPE OF SIGN: ADVE	ERTISING ILLU	JMINATE] MOVEABLE [xl E	BUSINESS			

148

TOTAL STREET FRONTAGE OF LOT (IN FEET) 1,321 $\,$

TOTAL AREA OF NEW SIGN (SQ.FT.)

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TOTAL AREA OF ALL SIGNS ON LOT (SQ FT)

1,266

HEIGHT OF SIGN ABOVE GRADE (TO TOP)

18ft 2in

DISTANCE OF CURB LINE OUTER EDGE (ft) 20 DISTANCE OF STRUCTURE INNER EDGE (ft) 20

SIGN CLERK APPROVED FOR PERMIT

DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 AREMARKS

THAN 1,000 FT.) C RESIDENCE DISTRICT (ADVERT

IF REPLACEMENT SIGN OR CHANGE OF FACE. WHAT DOES THE EXISTING SIGN READ? Original Pa

Landmark Hold: \~| Status:

ZONING (OFFICE USE ONLY)

ES_PERM_APP_WEB RDI2I8

SUPPLEMENTAL APPLICANT

This Supplemental Application must be completed and submitted along with the Sign Permit Application. All fields must be completed. If a field is not applicable you must answer "n/a" in the

City of Chicago

Sign Permit Application

(THIS IS NOT A PERMIT)

Application Number: tcx-Ctq fiMS Date of Application: \\-(o-I&

Address of property where sign will be erected: a loo)4. Ash Vinci L CW^o, 1

Does property have multiple addresses? □ Yes

B'No If yes, please list all addresses:

Is this building vacant? ☐ Yes ETUo

^^^^^^^ Applicant is the Owner (of the real property)

□ Lessee (of the real property) Name of Owner of Real

Address: rQfi M- ~tW rvhi YnA *

^Vf. |^0(')^ rOtaSftpri ^|05

Email: hl/A

A^R^C?) I[∐]A Property_L T"Dft

id-

Phone #:

^H-qq^^HM Mobjle#:

Name of Lessee of Real Property: CKIUffiAf²) UpflAlfaftn[^] AsScXI[^]feS

ChllfWn\mlHft<gr¥..

Address:

kV flv^M t gKcdff II LO&l

rCompany: vniiff. 1 i\a)ev> \\ .

f^AA^1Wi#ft^ yW-Address: 3E?)5 M On^I^^W^"1 Payer Company of Annual Inspection Fee:

Name of Contact of Payer Company: V-DIJc','6

File #: Or2018-650, Versi	on: 1		
Name of Payer Com Phone #: 773-Mfr	pany: Hr, ArVm^ tytiifaaft, k&(%. A <u>Mobile #: 77?> 4i?6</u>	ddress: Email: rY^t^fil)f>(grh?>p£ci5	
Electrical Contractor: Do	oyle Signs. Inc		
		Address: 232 W Interstate Road Addison. II	<u> 60101</u>
Phone #: 630-543-9490	Mobile #:		
Website: www.doylesigns	.com <http: td="" www.doylesigns.com<=""><td></td><td></td></http:>		
Sign Erector:			
Mobile #:			Bond #:
Phone #: Website:			
Address: 232 W Intersta	te Road Addison. IL 60101		
<u>630-543-9490</u>			
	ns.com <http: www.doylesigns.com<br="">t be attached depicting sign place</http:>	n> ment with before and after view, section 2 continues	s on next
Cit	y of Chicago Sign P	ermit Application continued	
Expediter:			
Address:		License #:	
Phone #:	Mobile #:	Email:	
Website:			
	(Please check	all that apply)	
Sign Category:			
On-Premise (Busir	ness ID): Dynamic)8(Static		
Business License	# of Tenant Business:		
Off-Premise (Adve	rtising): □ Dynamic □ Static		
Temporary: □ Spe	ecial Event: □		
Sign will read (Please p	provide a description, picture an	d shop drawing):	
Children's Healthcare	Associates Pediatric & Adolesce	ent Medicine.	
Type of sign (Mark all the	nat apply):		
• Awning	g □ Canopy □ Freestanding □ M	arquee □ Projecting □ Dynamic Image	
Display J	i^Wall □ Painted □ Cabinet/Frar	ne □ Vinyl □ Projected image □ Flashing	
High R	ise Building □ Hotel/Hospitals □	Other buildings:	
What is tl	ne dimension of the wall on whi	ch the sign will be installed? ⁷ ^ (W) × 30 (H)	

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Where is sign or sign structure mounted? □ Inside the building)^ Outside the building Is the sign or sign structure attached to a building or wall?: X ^{Yes} E No If ^{Ves} > ^{Which} wall of building? N E S W Is this a freestanding sign? □ Yes X No Location of sign on lot: N E S W Which direction does sign copy face? N E S W
Does any portion of the sign, sign structure or attachments cover, obscure or obstruct an existing window in a residential unit whether occupied or not? □ Yes)2(No
Does any portion of the sign, sign structure, or attachments extend on or over the public way?^(Yes □ No
If yes, what is the public way use permit number? 1135174
Sign Panels: Back to back within 30 degrees of
parallel □ Yes Xno
Number of Faces: _
Sign Support Structure: □ Pole □ Roof □ Ground ^Building □ Windows □ Other:
Does any portion of the sign or sign structure extend 24 inches above the roof line as defined in 17-17-02149 ofthe Municipal Code of Chicago? □ Yes £(No
Picture or rendering must be attached depicting sign placement with before and after view. Section 3 continues on next page
City of Chicago Sign Permit Application continued Section 3 continued
Dimensions of Sign Structure (i.e. cabinet, frame, awning, canopy) lbs.
Length: _ Feet Inches Height: Feet Area: 148 _SqFt. Weight: 300 Shape of Sign: Regular
Sign Height above Grade:
From Grade to Bottom of sign or sign structure, whichever is lowest: 14 Ft.
From Grade to Top of sign or'sign structure, whichever is
highest: 18 Is City Council Order required?* B Yes □ No
*All signs in excess of 100 Square Feet in area OR in excess of 24 feet above grade require a City Council Order pursuant to Section 13-20-680 of the Municipal Code of Chicago

Dimension of Sign Elements pursuant to Section 17-12-0601 of the Chicago Zoning Ordinance:

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Length: ³⁵ Fe	eet J Inche	es Height: ⁴	Feet 2	inches	Area:	Sq Ft.
Electrical Contractor	will install: Feeders	: □ Yes El No	Customer Leads	:: IS Yes □ N	0	
Number of Lam	ps: To	otal Wattage: 8	⁴⁰ Type	of Lamp: LE	D	
Number of Balla	ast/Transformers: 1	Input	of Transformers:	1^0		
Location of Switch:	: Outside sign					
Static: H Yes □ No II	luminated: IS Yes 🗆	No				
						If yes - External
Dynamic Image Disp (An affidavit of com the Municipal Code of	npliance is required	d for all dynan	nic image displa	ıy signs pul	rsuant to	Section 13-20-675(d)(2) of
Max Nits	Max Foot Candl	es M	essage Time (So	reen Hold):	sec	conds
Self Dimming C	apability: 🗆 Yes 🗆 N	lo				
What is the tota	l of the sign face ar	ea devoted to o	dynamic image di	splay?		Sq Ft.
Zoning District or Pla	anned Development	#: ^3-2				
Is sign located in a s	pecial sign district?	□ Yes)S(No				
If yes: □ Michig	an Avenue Corridor	□ Oak Street 0	Corridor □ State S	Street/Wabas	sh Avenue	
Corridor						
Total Street from	ntage of Zoning Lot:	1321	(Ft.)		
Total Area of new sig	gn: 1 ⁴⁸	(Sq Ft.) Gros	s Area of all prop	osed signs:	231	(Sq Ft.)
Total Area of all exi	- isting signs on Zor	ning Lot: 1266		_		
				gn placeme	nt with be	fore and after view.
						on 4 continues on next page
	City of Chi	cago Sigr	n Permit Ap	oplicatio	on con	tinued
Section 4 continu	ıed					
Distance from oute	er edge of sign or s	structure to cu	ırb line: cOO (Ft.) Distand	e from in	ner edge of sign
or sign structure to	curb line: (Ft.) Dis	stance from:				
Public Park 10	acres or more:			(Ft.)		
Public Park 2	acres or more:			(Ft.)		
Expressway o	r Toll Road:		(F	t.)		
Lake Shore Di	rive:		(Ft.)			
Michigan Aver	nue (Oak St. to Ro	osevelt Rd.):				
Residential Dis	strict:					
(Ft.)			(Ft.)			
Residential bu	ilding in a D distric	ot:				

Existing off-premise/advertising signs on same side of street?

— Yes H No

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In a B or C District:	(Ft.)
In a D or M District:	(Ft.)
Waterways:	
Does the proposed sign, change, alte	er or replace an existing sign? □ Yes □ No
If yes, were permits issued for th	e sign being replaced, changed or
altered? □ Yes □ No If yes, pleas	e list each permit number and date
each permit was issued:	
Permit Number:	Date issued:
	a static sign to a dynamic image display sign? □ Yes □ No or alter the square footage or the height of the sign or sign
Does the proposed sign change a	an on-premise sign to an off-premise/advertising sign? □ Yes □
· · · · · · · · · · · · · · · · · · ·	of perjury, do hereby affirm and attest that the above information acknowledge that incorrect information is grounds to revoke or
of Real Property:	<u>Date 02^rLb"/t</u>
Date Terrence J Doyle Date.	
Supervising Electrician:	
Sign Erector:	
-	Terrence J Doyle Date.
Picture or rendering	must be attached depicting sign placement with before and after

City of Chicago Sign Permit Application continued

For Office Use

PUBLIC WAY

view.

File #: Or2018-650, Version: 1		

Sign Review Fee:

Zoning Review Fee: \$ Total Fee: \$.

Amount Paid: \$ Balance Due: \$_

PERMIT IS VALID FOR A PERIOD OF FIVE YEARS AFTER ISSUANCE. IT IS SOLELY THE RESPONSIBILITY OF THE OWNER OR LESSEE TO FILE FOR RENEWAL

* Once zoning fee is paid, this application is valid for a period of up to six months from payment date. Applies to sign permits applied for on or after April 2,2014.

City of Chicago Mayor Rahm Emanuel

Department of Buildings Felicia Davis, Commissioner

4. 4'-2⁻-

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