

5. Dimensions: Length 45 feet 4 inches Height 3 feet 0 inches Total square feet in area:
136 feet 0 inches

6. Height above grade: 12 feet 0 inches

7. Elevation (side of building or lot where the sign will be erected): _

8. Name of Sign Contractor/Erector:

Comet Neon, 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 of the Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures. Failure of the applicant and the applicant's successors to comply shall be grounds for invalidation or revocation of the sign permit.

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Ward

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

02/06/2019 -Sunny Choi

<u>DBA Name</u>	<u>LAWNDALE CHRISTIAN HEALTH CENTER</u>
Location	3910 W. OGDEN AVE. .
<u>Zip Code</u>	<u>60623</u>
<u>Account Number</u>	<u>30191</u>
Site Number	6
<u>Area</u>	<u>PERMIT</u>
<u>Permit Type</u>	<u>SIGN</u>
Permit Number	- 1138216 -

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 apply 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 item(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.

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