



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** Or2011-265  
**Type:** Order  
**Status:** Failed to Pass  
**File created:** 3/9/2011  
**In control:** City Council  
**Final action:** 5/24/2023  
**Title:** Refund of fee(s) for Museum of Broadcast Communications  
**Sponsors:** Reilly, Brendan  
**Indexes:** Refund of Fees  
**Attachments:** 1. Or2011-265.pdf

Date	Ver.	Action By	Action	Result
5/24/2023	1	City Council	Failed to Pass	
3/9/2011	1	City Council	Referred	

5USEUM OF BROADCAST CQIWMUNICATBONS . Jj) Q ^ 13 7 2 2

Check' Date 5/15/2008 Check No. 013722

Vendor CIT333 City of

Chicago Dept of Revenue

Ref Nbr	Inv Nbr	Inv Date	Invoice Amount	Amount Paid	Disc Taken
Net Check Amr.					
032075 permit	1043728	5/15/2008	3,587.00	3,587.00	0.00
032076 permit	10437.13	5/15/2008	300.00		300.00
0.00					
032077 1 0437275/15/2008			1,122.00	1,122.00	0.00
032078 permit; .104371.1		5/1.5/2008	100.00		
100.00 0.00					
032079 permit	1043714	5/15/2008	300.00		300.00
0.00					
032080 permit	1043717	5/15/2008	3,790.00		3,790.00 0.00
032081 permit	1.043730	5/15/2008	200.00		200.00
0.00 9,399.00					

\ju\ leuius indicate that an annual bill is due for the following on your account:

**Account: 291322**

**Site: 1**

**Location: 360 N. STATE ST.**

**Permit Description: Concrete and Metal Facia/Cladding**

**Permit Number: 1043728**

**Permit Term: 06/08/2008-06/07/2009 Year(s)**

Default in permit payment terms will terminate your permit privileges granted by the Chicago Department of Business Affairs and Licensing.

Please follow the sample steps below to-ensure you are in good standing and legally using the

*public way/yy^ \ %*

1. Submit \$3,587.00. Return the payment with the coupon in the envelope provided to ensure your payment is appropriately credited to your account.
2. Avoid a hold placement on your account by paying the permit fees within 30 days.
3. Please submit an updated certificate of insurance naming the City of Chicago as additional insured.
4. Direct any questions to (312) 74-GOBIZ



Sincerely,

Jsnna K. Skufca, Director, TE/GE Customer Account Services