

Sign Permit Application

APPLICATION NUMBER 100460520

DRAWINGS ATTACHED

FLAT OR BOX
ADDRESS

4730 N KIMBALL AVE. 60625-

FT.
10

K.
0

FT.
25

area: 250

LBS
110

NEW CONSTRUCTION (SIGN)

PAYEE: ORANGE VALLEY WICK
PERUN, BARBARA 2901 BUTTERFIELD RD OAK BROOK, IL 60523
(630)586-6442

shape of sign- REGULAR

SKYLINE WIDTH
KIMBALL STATION

SIGN MATERIALS
CREATIVE EDGE

Building description:
BUILDING

Address: 4730 N KIMBALL AVE, OAK BROOK, IL 60625

TYPE OF SIGN: SIGN

Sign location: SIDE

Sign size: 10' x 25'

Sign material: SIGN

SUSSENDER: NONE

ANNUAL FEE CONSTRUCTION FEE 1017 B PER

total fee amount paid balance due

Check for Zooms

700.00

Check for DCAP

200.00

\$ 500.00

UKAIXTCCT SWITCH

ATTACH VINYL BANNER TO BUILDING WALL

N93138

LIBERTY FLAG

4740 N. CUMBERLAND AVE. CHICAGO IL 60656

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City of Chicago
Rabin Limamiol, Mayor
Department of Buildings Michael Merchant, Commissioner

ES PERM APP TT-BRDOEWII

3/14/2013 10:29 AM
<https://ipweb.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 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) 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 KEMAF.KS

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 (OfficT USE ONLY)

Page 2 of 2

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 Mesirow Insurance Service CONTACT NAME:

Suite 1200 Chicago, IL 60654

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

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC#

insurer a : Federal Insurance Company 20281

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

INSURER C:

INSURER D :

INSURER E :

INSURER F:]

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 REDUCED BY PAID CLAIMS.

INSR LTR

TYPE OF INSURANCE

GENERAL LIABILITY

X' COMMERCIAL GEN'L LIABILITY 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 WUJ

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 ■ GOM#OP AGO

COMBINED SINGLE Lir:IT

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WORKCRS COMPENSATION

] AND EMPLOYERS'LIABILITY

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Y: P:

: OFFICE\MEMOEH CXC-UD-ID? j|M"
j (Mandatory in NH) j
] il vvs. oascriLe ur. cer i | DESCRIPTION or OPERATIONS uelcw

j Property Special / RC [Agreed Amount

WC STAT.> iOTH-; !EH_J
tOnviiMIIB .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. Acifflional 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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