

# Office of the City Clerk

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

### Legislation Text

File #: Or2014-299, Version: 1

City Council , j Meeting Date: bfAS//¹/ Committee on Buildings

(signs)

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

for the erection of a sign / signboard over 24 feet in height and / or over 100 squareJeetTJn area of one face) at: (Business NAME^ftBBRE^)

Q 3W<^. /lbrvu C\o~.c)I <hA-fedr

Height ■ .»

Dimensions: Length \_L0 - I Height<sup>1</sup> <sub>r</sub>.

Height above grade / roof to top of sign 1 H

TOTAL SQUARE FOOT AREA ^ (q

Alderman, ^r^Ward

Such sign(s) shall comply with all applicable provisions of TITLE 17 of the Chicago Zoning Ordinance and al) other applicable provisions of the Municipal Code of the City of Chicago governing the construction and maintenance of outdoor signs, signboards and structures.

F CHICAGO

## DEPARTMENT OF BUILDIIMGS

## **Sign Permit Application**

APPLICATION NUMBER 100546205

DRAWINGS O YES ATTACHED  $\,$ rj NQ

type of sign FLAT OR BOX

ADDRESS OP SIGN

6346 N CLARK ST, 60660-

гт. 6

ft. 12

sq.ft. 76

LBS. **2,000** 

type of permit NEW CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

MANAGER, STORE  $4800~\mathrm{N}$  ASHLAND AVE CHICAGO, IL 60640

(773)274-6020

SIGN HEIGHT ABOVE GRADE/HOOF

SHAPE OF SIGN REGULAR

SIGN WILL READ

SHELL GAS PRICE

гт. 14

SIGN MANUFACTURER

FEDERAL HEATH

total wattage 240

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

TYPE OF LAMP OTHER

NO. OF BALLAST/TRANSFORMERS

REINSPECTION CONTROL NUMBER

InI feeders

Pyl CUSTOMER LEADS

SIGN BOARD SUPPORT MEMBERS OTHER

ANNUAL FEE CONSTRUCTION FEE 1017BFEE TOTAL FEE AMOUNT PAID BALANCE DUE

Check # for Zoning

400.00

200.00 Check # for DCAP

\$ 200.00

LOCATION OF SWITCH INSIDE SIGN

SIGN LOCATION

SHELL GAS PRICE SIGN

The undent!lined certify that the uatemenix in this annlication are tine and correct and that nil work dane under the oronzweri nemiit will crwifinan to the reauiremenu of the Chicago Mtimcin\*! Code

N93077

ELECT CONTR

### File #: Or2014-299, Version: 1

LITE ZONE ELECTRIC

SIGN ERECTOR

CORP.ID SOLUTIONS INC

ADDRESS

7943 N. KENNETH SKOKIE, IL 60076-

ADDRESS

5563 N ELSTON AVE CHICAGO X IL, 60630

SUPERVISOR SIGNATURE

The permit issued on this application will authorize only sign\* here applied far. IF other signs are to be erected they must be covered by additional permits

City or Chicago

Rahm Emanuel, Mayor

Department of Buildings Felicia Davis, Commissioner

ES\_PERM\_APP\_WEB RD0602II

TYPE OF BUSINESS COM GAS STATION Other:

Other: SHELL GAS SIGN BOND REQUIRED?

COUNCIL ORDER REQUIRED [x] YES

[x] YES

Name: SHELL GAS
LIC #: i Renewal Date: -

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL [2

LETTER OF REQUEST

Projects Over: |Y[Private Property InI Public Way Grant Permit #:

O Planned Development/Manufacturing PMD/PD#: Zoning District: B3

Other: B3-2 TIME STAMP

TYPE OF SIGN: r~l ADVERTISING

 $[x] \ ILLUMINATE \qquad \ \ fJ{\sim}J \ MOVEABLE \ [x] \ BUSINESS$ 

26ft 6in

TOTAL STREET FRONTAGE OF LOT (IN FEET)

215

TOTAL AREA OF NEW SIGN (SQ.FT.) 76

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 75

HEIGHT OF SIGN ABOVE GRADE (TO TOP)

DISTANCE OF CURB LINE OUTER EDGE (ft) 10 DISTANCE OF STRUCTURE INNER EDGE (ft) 16 SIGN CLERK APPROVED FOR PERMIT

DISTANCE FROM (ft)- A. PUBLIC PARK (OVER 10 REMARKS

(IF LESS THAN 1,000 FT.) 1,000 C. RESIDENCE DIS

ONLY) 160

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

Landmark Hold: | | Status:

ZONING (OFFICE USE ONLY)

ES\_PERM\_APP\_WEB RD060211

AP #: 100546205

Page 2 of 2

# City of Chicago Sign Permit Application continued

Section 4 continued

(Ft.)

(Ft.)

Distance from outer edge of sign or structure to curb line:. Distance from Inner edge of sign or sign structure to

| File #: Or2014-299, Version: 1                                                                                    |                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| curb line: Distance from:(Ft.)                                                                                    |                                                                                                                                                                                         |
| ,                                                                                                                 | Public Park 10 acres or more: , I ^                                                                                                                                                     |
| <u>M(f\</u>                                                                                                       |                                                                                                                                                                                         |
| .(Ft.)                                                                                                            |                                                                                                                                                                                         |
| Public Park 2 acres or more:. (Ft.)                                                                               |                                                                                                                                                                                         |
| Expressway or Toll Road:                                                                                          |                                                                                                                                                                                         |
| .AL/A.                                                                                                            |                                                                                                                                                                                         |
| Lake Shore Drive:                                                                                                 |                                                                                                                                                                                         |
| .(Ft)                                                                                                             |                                                                                                                                                                                         |
| Michigan Avenue (Oak St. to Roosevelt Ro                                                                          | d.):                                                                                                                                                                                    |
| Residential District \«> Q                                                                                        |                                                                                                                                                                                         |
| Residential building In a D district                                                                              |                                                                                                                                                                                         |
| Existing off-premlse/advertlsIng signs on s                                                                       | ame side of street? DYes DNo                                                                                                                                                            |
| In a B or C District ff\                                                                                          | (Ft.)                                                                                                                                                                                   |
| In a D or M District: Ar //\ (Ft.) Waterways: tfA                                                                 | ' (Ft.)                                                                                                                                                                                 |
| Does the proposed sign, change, alter or repl If yes, were permits Issued for Yes  No If yes, please list Issued: | the sign being replaced, changed or altered?                                                                                                                                            |
| Permit Number:. Permit Number:. Permit Num                                                                        | nber:. Permit Number:                                                                                                                                                                   |
| Does the proposed sign change or alter the Yes □ No                                                               | e issued:  ign to a dynamic image display sign? □ Yes □ No  ne square footage or the height of the sign or sign structure? □  emlse sign to an off-premlse/advertlsIng sign? □ Yes □ No |
|                                                                                                                   |                                                                                                                                                                                         |
| We, the undersigned, under penalty of perjur                                                                      | <b>aBM(!iSi'i!' rfiiif s</b><br>y, do hereby affirm and attest that the above Information Is true,<br>ncorrect information is grounds to revoke or rescind a permit.                    |
| Owner of Real Property: Da                                                                                        | ate                                                                                                                                                                                     |
| Lessee of Real Property: /jtcUi^-7^^^.                                                                            | DaU                                                                                                                                                                                     |
| Expediter: ty^Af Date                                                                                             |                                                                                                                                                                                         |
| Supervising                                                                                                       | Electrician:                                                                                                                                                                            |
| Sign Erector:                                                                                                     | ached depicting sign placement with before and after view.                                                                                                                              |

| File #: Or2014-29    | 99, <b>Version</b> : 1                                                                                                    |                                                             |
|----------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
|                      | City of Chicago Sign P                                                                                                    | ermit Application continued                                 |
| Expediter:           | ft^/A                                                                                                                     |                                                             |
| Address:             |                                                                                                                           | License #:.                                                 |
| Phone #:             | Mobile #:                                                                                                                 | Email:                                                      |
| Website:             |                                                                                                                           |                                                             |
|                      | Section 3 - Sign and                                                                                                      | l Structure Details                                         |
|                      | (Please che                                                                                                               | eck all that apply)                                         |
| Sign Category:       |                                                                                                                           |                                                             |
| On-Premis            | e (Business ID):   □                                                                                                      |                                                             |
| Dynamic^S            | Static                                                                                                                    |                                                             |
| Business L           | icense # of Tenant Business:                                                                                              |                                                             |
| Off-Premis           | e (Advertising): □ Dynamic □ St                                                                                           |                                                             |
| Temporary            | : □ Special Event: □ Sign will read (I                                                                                    | Please                                                      |
| provide a descr      | ription, picture and shop drawing):                                                                                       |                                                             |
| Type of sign (M      | lark all that apply):                                                                                                     |                                                             |
| •                    | Awning □ Canopy ^Freestanding □                                                                                           | Marquee □ Projecting □ Dynamic Image Display                |
| •                    | Wall □ Painted □Cabinet/Frame □ V                                                                                         | ′inyl □ Projected image □ Flashing                          |
| •                    | High Rise Building □ Hotel/Hospitals                                                                                      | s   Other buildings:                                        |
| W                    | /hat is the dimension of the wall on w                                                                                    | hich the sign will be installed?.                           |
| Is the sign or sign  | or sign structure mounted? □ Inside the<br>gn structure attached to a building or<br>Inding sign? ^Yes □ No Location of s | r wall?: DYes \$Tno If yes, which wall of building? N E S W |
| Which direction      | does sign copy face? (\$£X(s)m                                                                                            |                                                             |
| • •                  | oortion ofthe sign, sign structure or at ntial unit whether occupied or not? □                                            | ttachments cover, obscure or obstruct an existing window    |
|                      | •                                                                                                                         | chments extend on or over the public way? □ Yes J^f No      |
| · .                  | t is the public way use permit numbe                                                                                      | ·                                                           |
| •                    |                                                                                                                           |                                                             |
| -                    | ack to back within 30 degrees of para                                                                                     | <u>allel □</u>                                              |
| <u>Yes IXno Numb</u> | ber of Faces: 2-                                                                                                          |                                                             |
| Sign Support St      | tructure: Pole □ Roof □ Ground □ E                                                                                        | Building □ Windows □ Other:                                 |
| Does any p           | portion ofthe sign or sign structure ex                                                                                   | tend 24 inches above the                                    |

roof line as defined in 17-17-02149 of the Municipal Code of Chicago? DYes

| File #: Or2014-2       | 99, Version: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                  |                 |               |                   |           |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-----------------|---------------|-------------------|-----------|
| ^No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                  |                 |               |                   |           |
| Picture (              | or rendering must be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e attached depi   | icting sign plac | ement wi        | th before an  | d after view.     |           |
| Λ                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Section           | 3                |                 | continues     |                   | <u>on</u> |
| <u>next page</u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                  |                 |               |                   |           |
|                        | City of Chicag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | go Sign Per       | mit Applicat     | ion con         | tinued        |                   |           |
| Section 3 conti        | inued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                  |                 |               |                   |           |
| <u>J</u> <u>Feet Q</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                  |                 |               |                   |           |
| Inches                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                  |                 |               |                   |           |
| Dimensions of          | Sign Structure (i.e. ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ıbinet, frame, aw | vning, canopy)   |                 |               |                   |           |
| Length: Q              | Feet I Inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Height: 12-       | Feet             | Inches De       | epth:         |                   |           |
| Area:                  | _Sq Ft. Weight: I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | &QO lbs.          |                  |                 |               |                   |           |
| Shape of S             | Sign:. Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                  |                 |               |                   |           |
| Height above G         | Grade:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                  |                 |               |                   |           |
| From Grad              | le to Bottom of sign or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r sian structure  | whichever is low | /est·           |               |                   |           |
|                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                  |                 |               |                   |           |
| -                      | Grade to Top of sign o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                 |                  | gnest.          |               |                   |           |
|                        | Is City Council Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                 |                  |                 |               |                   |           |
| _                      | s in excess of 100 Sections of the section of the s | -                 |                  |                 | -             | rade require a C  | ty        |
| Dimension of S         | ign Elements pursuar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt to Section 17- | 12-0601 of the ( | Chicago Z       | oning Ordina  | nce:              |           |
| Length: C              | cq Feet (_Inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s Height: f «Z-   | Feet inche       | es Area:        |               | Sq Ft.            |           |
| Electrical Conti       | ractor will install: Feed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ders: 🗆 Yes 🗆 No  | Customer Lea     | ds: Cj^Ye       | s □ No s-l    |                   |           |
| Number of              | Lamps: Total Wattage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>ə:</u>         | _ Type of L      | <u>атр: \JI</u> | <u>L+ \S</u>  |                   |           |
| Number of              | Ballast/Transformers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | : Input of T      | Transformers:    |                 |               |                   |           |
| Type of Sw<br>Internal | vitch:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Location of Sw    | ritch:           |                 |               |                   |           |
| Static: [J^es □ I      | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                  |                 |               |                   |           |
| IllumInatedi^IYe       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                  |                 |               |                   |           |
| If yes - Ext           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                  |                 |               |                   |           |
| (An affidavit of       | e Display: □ Yes Ef No<br>compliance is require<br>Code of Chicago.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | c image display  | signs pur       | suant to Sect | ion 13-20-675(d)( | 2)        |
| Max Nits               | Max Foot Candle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es Messa          | age Time (Scree  | n Hold):        | seconds       |                   |           |
| Self Dimming C         | Capability: □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                 |                  |                 |               |                   |           |
| What is the tota       | al ofthe sign face area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | devoted to dyna   | amic image disp  | lay?.           |               |                   |           |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Section 4 - Z     | Zoning Infor     | mation          |               |                   |           |
| Zonina District        | or Planned Developm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | _                |                 |               |                   |           |

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|------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Is sign located in a special sign district? □ Yes Cj[ No                                                                                 |          |
| If yes: □ Michigan Avenue Corridor □ Oak Street Corridor □ State Street/Wabash                                                           |          |
| Avenue Corridor                                                                                                                          |          |
| Total Street frontage of Zoning Lot: 3 (Ft)                                                                                              |          |
| Total Area of new sign: ^C^> (Sq Ft.) Gross Area of all proposed signs: ^Q> Total Area of all existing signs on Zoning Lot: ^ 3 (Sq Ft.) | (Sq Ft.) |

Picture or rendering must be attached depicting sign placement with before and after view.

City of Chicago Sign Permit Application continued

### For Office Use

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



### zoning map

| File #: | Or2014 | -299. \ | Version | : 1 |
|---------|--------|---------|---------|-----|
|---------|--------|---------|---------|-----|

72 15/16" (1500mm)-

#### SIGN COMPANY

www.FederalHejth.com <a href="http://www.FederalHejth.com">http://www.FederalHejth.com</a>

1500 North Bolton • Jacbonvffls, Teas 75766 f903] SB9-2100 • Fax(903| 589-2101

**Building Quality Signage Since 1901** 

Revisions:

0

cs X

3

24" LED

12" LED 12" LED

i!j! ii

Drawn Bf.

Account Rep: Dan Hull Project Manager K. Burke

Mike Lees

Projea/uxation. 1907 6364 N CLARK CHICAGO. IL

# Shell

### **RVI Evolution GLOBAL**



HI UICTRIC4L \*<\*B\* AU10 COMM.Y WITH II.L. 11\*11 ARTICLE IIS OF THI I.I.C. ITAHDARII, IHCLUOIHQ TU MOMFI MOUNOIM AND IOIDINR 01 ALL \*(BB>.

THIS DRAWING IS YOUR FINAL PROOF: IT SUPERCEDES ALL VERBAL AND WRITTEN COMMUNICATION BY SIGNING BELOW YOU ARE AUTHORIZING US TO MANUFACTURE TO THESE SPECIRCATIONS.

Client Approval/Date:

Trts original drawtig Is prowled as pan; ol a planned project artJsnKtoMejh&ftracopMor reproduced wttnoul the written permission af Federal Heath Sign Company LLC or Its authorbed agent C2008 Colors Depicted Fn This Rendering May Not Match Actual Material Finishes. Refer To Product Samples For Bract Color Match

### 6364 N. Clark Chicago, IL

Job Number: 141475

pat, \* 3.14.14

Sheet Number 1 Of 1

Hie Name: SG141475 e

Design Number