



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

Alderman C/ Ward

CITY OF CHICAGO

# OE PART IV EIMT

## Sign Permit Application

APPROVAL NUMBER

APPLICATION NUMBER

ANNUAL FEE

WORK CODE

DRAWINGS <sup>YES</sup> ATTACHED

100791945

type of sign FLAT OR BOX

ADDRESS OF SIGN

2900 N ASHLAND AVE, 60657-

FT

35

IN

6

FT

4

SO FT

148

LBS

300

type of permit <sup>NEW</sup> CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

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

SHAPE OF SIGN REGULAR

SIGN WILL READ

CHILDREN'S HEALTHCARE ASSOCIATES PEDIATRIC & ADOLE

(773)348-9200

SIGN MANUFACTURER

DOYLE SIGNS, INC

TOTAL WATTAGE

840

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

TYPE OF LAMP OTHER

NO. OF HALLAST TRANSFORMERS

3

INPUT OF TRANSFORMERS

120

TYPE OF SUPPORT FOR SIGN BUILDING

SIGN BOARD SUPPORT MEMBERS NONE

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

Check # for Zonirm

400.00

File #: Or2018-650, Version: 1

200.00 Check # for DCAP

\$ 200.00

location of sign: LISTED FLUSH TOGGLE

SIGN LOCATION

INSTALLATION OF (1) SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS TO BE MOUNTED TO THE SIDE (EAST) BUILDING ELEVATION. SIGN TO READ CHILDREN'S HEALTHCARE ASSOCIATES

The undersigned certifies that the statements in this application are true and correct and that all work will be done in accordance with the applicable laws and codes of the City of Chicago.

« TGC101001

ELECT CONTRACTOR

DOYLE SIGNS INC

ADDRESS

232 INTERSTATE RD - P.O. BOX 1068 ADDISON, IL 60101-

CONTRACTOR

DOYLE SIGNS INC

ADDRESS

232 WEST INTERSTATE ROAD ADDISON IL, 60101

SUPERVISOR SIGNATURE

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits.

City of Chicago

Rahm Emanuel, Mayor

Department of Buildings Judith Frydland, Commissioner

ES\_PERM\_APP\_WEB RDI2JS

TYPE OF BUSINESS OTHER

Other: HEALTHCARE

SIGN BOND REQUIRED?

☐ YES

Name:

COUNCIL ORDER REQUIRED

☒ YES

LIC #: Renewal Date:

IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL I  
LETTER OF REQUEST

Projects Over: ☐ Private Property ☐ Public Way Grant Permit #: 113 5174

☐ Planned Development/Manufacturing PMD/PDjt: Zoning District: B3 Other TIME STAMP

TYPE OF SIGN: ADVERTISING ☐ ILLUMINATE ☐ MOVEABLE ☒ BUSINESS

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

TOTAL AREA OF NEW SIGN (SQ.FT.) 148

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 1,266

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 18ft 2in

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

SIGN CLERK

APPROVED FOR PERMIT

DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 AREMARKS  
THAN 1,000 FT.) C. RESIDENCE DISTRICT (ADVERT

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

Landmark Hold: ☒ Status:

ZONING (OFFICE USE ONLY)

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

City of Chicago

(THIS IS NOT A PERMIT)

Application Number: tcx-Ctg fiMS Date of Application: \-(o-l&

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

Does property have multiple addresses? ☐ Yes

B'No If yes, please list all addresses:

*Is this building vacant?* ☐ Yes ETUo

[illegible]

- Lessee (of the real property)

Name of Owner of Real

Address: rQfi M- ~tW rvhi YnA \*

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Property, T"Dft

$$A^R C?) \mid \underline{U} A$$

id-

Phone #:

^H-qg^^HM Mobile#: M/ A

Email: hl/A

Name of Lessee of Real Property: CKIUffiAf<sup>2</sup>) UpflAlfaftn^ AsScXI^feS ) C.

-  $ChlfWn\backslash mlHft<gr\neq..$

***Address:***

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

f^AA^1Wi#ft^ vW-Address: 3E?)5 M On^I^^W^"1

Payer Company of Annual Inspection Fee:

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

Name of Payer Company: Hr, ArVm^ tytiifaaft, k&(% . Address:

Phone #: 773-Mfr

Mobile #: 77?> 4i?6

Email: rY^t^fil)f>(grh?>.-p£ci5

Electrical Contractor: Doyle Signs, Inc

Address: 232 W Interstate Road Addison, IL 60101

Phone #: 630-543-9490

Mobile #:

Website: [www.doylesigns.com](http://www.doylesigns.com) <<http://www.doylesigns.com>>

Sign Erector:

Bond #:

Mobile #:

Phone #: Website:

Address: 232 W Interstate Road Addison, IL 60101

630-543-9490

www.doylesigns.com <http://www.doylesigns.com>

Picture or rendering must be attached depicting sign placement with before and after view, section 2 continues on next page

## City of Chicago Sign Permit Application continued

Expediter: \_\_\_\_

Address:

License #:

Phone #:

Mobile #:

Email:

Website:

(Please check all that apply)

### Sign Category:

On-Premise (Business ID): ☐ Dynamic )8(Static

Business License # of Tenant Business:

Off-Premise (Advertising): ☐ Dynamic ☐ Static

Temporary: ☐ Special Event: ☐

Sign will read (Please provide a description, picture and shop drawing):

Children's Healthcare Associates Pediatric & Adolescent Medicine.

Type of sign (Mark all that apply):

- Awning ☐ Canopy ☐ Freestanding ☐ Marquee ☐ Projecting ☐ Dynamic Image
- Display Ji^Wall ☐ Painted ☐ Cabinet/Frame ☐ Vinyl ☐ Projected image ☐ Flashing
- High Rise Building ☐ Hotel/Hospitals ☐ Other buildings:

What is the dimension of the wall on which the sign will be installed? 7^ (W) x 30 (H)

Where is sign or sign structure mounted? ☐ Inside the building)^ Outside the building

Is the sign or sign structure attached to a building or wall?: X^Yes E No If ves> wnich wa" of building? N E S W Is this a freestanding sign? ☐ Yes X ^No Location of sign on lot: N E S W Which direction does sign copy face? N E S W

Does any portion of the sign, sign structure or attachments cover, obscure or obstruct an existing window in a residential unit whether occupied or not? ☐ Yes )2(No

Does any portion of the sign, sign structure, or attachments extend on or over the public way?^(Yes ☐ No

If yes, what is the public way use permit number? 1135174

Sign Panels: Back to back within 30 degrees of

parallel ☐ Yes ☒ No

Number of Faces: \_\_

Sign Support Structure: ☐ Pole ☐ Roof ☐ Ground ☒ Building ☐ Windows ☐ Other:

Does any portion of the sign or sign structure extend 24 inches above  
the roof line as defined in 17-17-02149 of the Municipal Code of  
Chicago? ☐ Yes ☒ No

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

*Section 3 continues on next page*

## **City of Chicago Sign Permit Application continued**

### **Section 3 continued**

Dimensions of Sign Structure (i.e. cabinet, frame, awning, canopy)  
lbs.

Length: \_\_ Feet Inches Height: Feet \_\_

Area: <sup>148</sup>

\_\_ SqFt. Weight: <sup>300</sup>

**Shape of Sign: Regular**

Sign Height above Grade:

Ft.

From Grade to Bottom of sign or sign structure, whichever is lowest:<sup>14</sup>

From Grade to Top of sign or sign structure, whichever is

highest: 18 Is City Council Order required?\* B Yes ☐ No

**\*All signs in excess of 100 Square Feet in area OR in excess of 24 feet above grade require a City Council Order pursuant to Section 13-20-680 of the Municipal Code of Chicago**

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

Length: <sup>35</sup> Feet J Inches Height: <sup>4</sup> Feet 2 inches Area: \_\_ Sq Ft.

Electrical Contractor will install: Feeders: ☐ Yes ☒ No Customer Leads: IS Yes ☐ No

Number of Lamps: Total Wattage: <sup>840</sup> Type of Lamp: LED

Number of Ballast/Transformers: 1 Input of Transformers: 1^0

**Location of Switch: Outside sign**

Static: H Yes ☐ No Illuminated: IS Yes ☐ No

If yes - External

Dynamic Image Display: ☐ Yes )2(No

(An affidavit of compliance is required for all dynamic image display signs pursuant to Section 13-20-675(d)(2) of the Municipal Code of Chicago.)

Max Nits                      Max Foot Candles                      Message Time (Screen Hold):                      seconds

Self Dimming Capability: ☐ Yes ☐ No

What is the total of the sign face area devoted to dynamic image display?                      Sq Ft.

Zoning District or Planned Development #: ^3-2

Is sign located in a special sign district? ☐ Yes )S(No

If yes: ☐ Michigan Avenue Corridor ☐ Oak Street Corridor ☐ State Street/Wabash Avenue

Corridor

Total Street frontage of Zoning Lot: 1321                      (Ft.)

Total Area of new sign: 1<sup>48</sup>                      (Sq Ft.) Gross Area of all proposed signs: 231                      (Sq Ft.)

Total Area of all existing signs on Zoning Lot: 1266

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

Sect/on 4 continues on next page

## ***City of Chicago Sign Permit Application continued***

### ***Section 4 continued***

Distance from outer edge of sign or structure to curb line: cOO (Ft.) Distance from inner edge of sign

or sign structure to curb line: (Ft.) Distance from:

Public Park 10 acres or more:                      (Ft.)

Public Park 2 acres or more:                      (Ft.)

Expressway or Toll Road:                      (Ft.)

Lake Shore Drive:                      (Ft.)

Michigan Avenue (Oak St. to Roosevelt Rd.):

Residential District:  
(Ft.)

(Ft.)

Residential building in a D district:

Existing off-premise/advertising signs on same side of street? ☐ Yes H No

In a B or C District:                      (Ft.)

In a D or M District:                      (Ft.)

Waterways:

Does the proposed sign, change, alter or replace an existing sign? ☐ Yes ☐ No

If yes, were permits issued for the sign being replaced, changed or altered? ☐ Yes ☐ No If yes, please list each permit number and date each permit was issued:

Permit Number: Date issued:

Permit Number: Date issued:

Permit Number: Date issued:

Permit Number: Date issued:

Does the proposed sign change a static sign to a dynamic image display sign? ☐ Yes ☐ No

Does the proposed sign change or alter the square footage or the height of the sign or sign structure? ☐ Yes ☐ No

Does the proposed sign change an on-premise sign to an off-premise/advertising sign? ☐ Yes ☐ No

We, the undersigned, under penalty of perjury, do hereby affirm and attest that the above information is true, complete, and correct and acknowledge that incorrect information is grounds to revoke or rescind a permit.

of Real Property:

Date 02<sup>nd</sup> Lb"/t

Date  
Terrence J Doyle Date.

Supervising Electrician:

Sign Erector:

Terrence J Doyle Date.

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

*City of Chicago Sign Permit Application continued*

For Office Use

PUBLIC WAY



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.

Department of Buildings Felicia Davis, Commissioner

City of Chicago Mayor Rahm Emanuel

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