



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
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Legislation Text

File #: Or2019-208, Version: 1

CITY COUNCIL
COMMITTEE ON ZONING, LANDMARKS AND BUILDING STANDARDS

COUNCIL ORDER

RE: Approval of sign over 100 square feet in area or over 24 feet above grade ORDERED, that the City Council hereby

approves the following sign application submitted by:

Applicant: NorthShore University HealthSystem

(* The Applicant is the owner of the real property or the business tenant of the real property. Do not list the sign contractor, sign erector, sign company or advertising entity in the above space.)

This Order approves the following sign in accordance with Municipal Code of Chicago Section 13-20-680:

Address of Sign: 6071 N. LinCOLn

Chicago, IL 606 59

Zoning District: PP796

DOB Sign Permit Application ft: 1 0081 6562

Sign Details: V

1. On-premise OR Off-premise.

2. V Static sign OR Dynamic-image display sign.

3. 1 Number of sign faces

NO

NA

4. Projecting over the public way (Yes or No) If yes, Public Way Use ft:

5. 07 A Dimensions: Length feet inches Height feet inches

243
Total square feet in area: feet inches

6. Height above grade: ^ ^ feet inches

West

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

. Bulley & Andrews LLC

To be legal, such sign shall comply with all provisions of Title 17 of the Chicago Municipal Code ("Zoning Ordinance") and all other provisions of the Municipal Code governing the permitting, construction and maintenance and removal of signs and sign structures.

Failure of the applicant and the applicant's „successors to^ompjy shall be grotindTfor invalidation or revocation of the sign permit.
. Alderman^~^ Ward~wr

Sign Permit Application

TYPE OF PERMIT NEW CONSTRUCTION (SIGN)

SHAPE OF SIGN REGULAR

SIGN WILL READ

NOW OPEN IMMEDIATE CARE NORTH SHORE UNIVERSITY HEALTH SYSTEM

SIGN MANUFACTURER
BULLEY & ANDREWS

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION
TYPE OF LAMP

NO OF BALLAST/TRANSFORMERS

REINSPECTION CONTROL NUMBER

	Check # for Zoning
700.00	
200.00	Check# for DCAP
\$ 500.00	

LOCATION OF SWITCH

SIGN LOCATION

ON PREMISE BUSINESS ID SIGN. VINYL APPLIQUE TO WINDOW, TO STATE: "NORTHSHORE UNIVERSITY HEALTH SYSTEM NOW OPEN IMMEDIATE CARE"

The undersigned certify that the statements in this application are true and correct And that all work done under the nonresidential permit will conform to the requirements of the Chicago Municipal Code ELECTRIC CONTR*
JAMERSON & BAUWENS ELEC. CONTR

SUPERVISOR SIGNATURE

*IF APPLICABLE

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

PUBLIC Name NORTHSHORE UNIVERSITY HEALTH SYSTEM LIC#: es_perm_app web rd1218 type of business

Renewal Date:

Projects Over:

Private Property

Public Way

Grant Permit #:

is special permission required from chief electrical

☐ yes

I

if yes, attach letter of request

☐ Planned Development/Manufacturing PMD/PD# 796 Zoning District. OTHER PD796

☐ illuminate

☐ moveable

1 | Flashing

total street frontage of lot (in feet)

total area of new sign (sq ft)

total area of all signs on lot (sq.ft.)

height of sign above grade (to top)

distance of curb line outer edge (ft)

distance of structure inner edge (ft)

distance from (ft)

a public park (over 10 acres)

b expressway (if less than 1,000 ft) c. residence district (advertising signs only)

IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ"

Original Payee:

Landmark Hold: ☐

Status:

