

Legislation Text

File #: Or2021-39, 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.)

a^iL-wji

1942W. FULLERTON

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

<u>; 1942</u>

Zoning District: w^ °				
DOB Sign Permit Application #: 1 00903285				
Sign Details: y 1. On-premise OR Off-premise X				
2.	Static sign OR Dynamic-image display sign			
3. Number of sign faces J 4. Projecting over the public way (Yes or No) If yes. Public Way				
Use 8:				
5.	Dimensions: Lengthfeet [^] inches Height [^] feetj [^] inches			
176 0				
Total square feet In area: feet inches				
6.	Height above grade: J feet^ inches			
7.	Elevation (side of building or lot where the sign will be erected): SOUTHWEST			

8. n^..^^- 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 comply shall be grounds for invalidation or revocation of the sign permit.



DEP/VRTIVI EIXIT OF BUILDIIMGS

Sign Permit Application

API'LICATION NUMBER 100903285

YES DRAWINGS ATTACHED 1	~1 vo	
TYPE OF SIGN SIGNBOAI	RD	
ADDRESS OF SIGN		1942 W FULLERTON AVE, 60614-
FT		1942 W FOLLERTON AVE, 00014-
18 _{FT}		
9		
SQ FT		
176		
LBS 5		
NEW CONSTRUCTION	ON (SIGN)	
PAYER OF ANNUAL INSPECTION	70 LINCOLN AVE SKOK.IE, IL 60077 (847)980-6739	
Doordoort, Drift 32		
SHAPE OF SIGN REGULA	R	
SIGN WILL READ NORTHSHORE UNIVERSITY HEALTHSYSTEM IMMEDIATE CARE		
sign manufacturer UNKNOWN		
TICKET NUMBER		
ADDRESS WHERE SIGN CAN BE SE	EN PRIOR TO ERECTION	
REINSPECTION O	CONTROL NUMBER	
TYPE OF SUPPORT FOR S		
SIGN BOARD SUPPORT MEMBERS	SIEEL	
NO. OF LAMPS	TOTAL WATTAGE	
TYPE OF LAMP		
NO OF BALLAST/TRANSFORMERS	INPUT OF TRANSFORMERS	
CONTRACTOR WILL INSTALL	1 NI feeders IN CUSTOMER LEADS	
TYPE OF SWITCH		

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Check # for Zoning

200.00

200.00 Check tt for DCAP

LOCATION OF SWITCH

SIGN LOCATION

NON-ILLUMINATED WINDOW APPLIQUE ON N. ELSTON / SOUTHWEST ELEVATION. I8'-8"L 9'-5"H. SIGN STATES: "NORTHSHORE IMMEDIATE CARE" WITH GRAPHIC

The undersigned cemfv that the statements in this annlication are true and correct and that all work done under the nrooosed oermit will conform to the renuiromenLs of the Chicaao Municinal Code

« TGC04239 CONTRACTOR BULLEY & ANDREWS, L.L.C. ADDRESS 1755 W. ARMITAGE AVE. CHICAGO IL, 60622-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 Cily of Chicago Lori E Lightfoot, Mayor Department of Buildings Matthew Beaudet, Commissioner ES_PERM._API'_WEB RDI218 TYPE 01- BUSINESS PUBLIC Other HOPSITAL SIGN BOND REQUIRED1' □ YES Name NORTHSHORE UNIVERSITY HEAL.TMSY COUNCIL ORDER REQUIRED □ vr:s LIC U. is special permission required from chief electrical of request Renewal Date Projects Over: [v] Private Property [n1 Public Way Grant Permit #. TIME ST AMP Planned Development/Manufacturing PMD/PD# Zoning District C3 Other: C3-3 TYPE OF SIGN. 1 1 ADVERTISING □ ILLUMINATE □ MOVEABLE 1x1 BUSINESS TOTAL STREET FRONTAGE OF LOT (IN FEET) 235 TOTAL AREA OF NEW SIGN (SQ.FT.) 176 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT) 1 10ft 5 in HEIGHT OF SIGN ABOVE GRADE (TO TOP) DISTANCE OF CURB LINE OUTER EDGE (ft) 25 DISTANCE OF STRUCTURE INNER EDGE (ft) 24 SIGN CLERK APPROVED FOR PERMIT DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 AREMARKS LESS THAN 1,000 FT.) 5,000 C. RESIDENCE DISTRIC

5,000

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

Landmark Hold: || Status:

ZONING (OFFICE USE ONLY)

ES_PERM_APP_WEB RD1218