



# Office of the City Clerk

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

## Legislation Text

File #: O2011-416, Version: 1

Committee on Buildings City Council Meeting January 2011 Alderman Brendan Reilly, 42<sup>nd</sup> Ward

Sign Ordinance

### **ORDINANCE**

**Be it ordained by the City Council of the City of Chicago:**

Section 1. That the Commissioner of Buildings is hereby authorized and directed to issue a sign permit to Flashtic Incorporated, Division of Turk Electric Sign Company. 3434 North Cicero Avenue, Chicago, Illinois 60641. for the erection of a sign/signboard over 24 feet in height and / or over 100 square feet (in area of one face) at the 1000 North LaSalle LLC, 100 North LaSalle Drive, Chicago, Illinois 60610 with the dimensions, height and square foot area:

Dimensions: length: 13' 3" height: 3' 6"

Height above grade/ roof to the top of the sign: 9' 6"

Total Square foot area: 105 square feet

Elevation: East

Notwithstanding any provisions of Title 17 of the Municipal Code, of the City of Chicago (the Chicago Zoning Ordinance) to the contrary, the Commissioner of Buildings is hereby directed and authorized to issue a sign permit to the address referenced within this ordinance.

Section 2. This ordinance shall be in force and effect from and after its passage and due publication.

Brendan Reilly Alderman, 42<sup>nd</sup> Ward

CITY OF CHICAGO

## DEPARTMENT OF BUILDINGS

### Sign Permit Application

APPROVAL NUMBER

APPLICATION NUMBER

100367362

ANNUAL FEE

WORK CODE

☐

YES

DRAWINGS ATTACHED [ ] NO

DATE OF APPLICATION

10/11/2010

ADDRESS OF SIGN

1000 N LA SALLE DR, 60610-

ORIGINAL PERMIT NUMBER

TYPE OF PERMIT

NEW CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

TRAMBAS, STACY 1333 N KINGSBURY CHICAGO, IL 60642

(312)337-2200

SIGN MANUFACTURER

UNKNOWN

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

TICKET NUMBER

REINSPECTION CONTROL NUMBER

TYPE OF SUPPORT FOR SIGN BUILDING  
SIGN BOARD SUPPORT MEMBERS STEEL

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

Check # for Zoning

300.00

Check # for DCAP

\$ 300.00

CANOPY Qty: 1

30

SQ.FT.

105

SIGN HEIGHT ABOVE GRADE/ROOF

LBS.

250

FT.

9

SHAPE OF SIGN REGULAR

SIGN WILL READ

1000 NORTH LA SALLE APARTMENTS

NO. OF LAMPS

TOTA

L

WATT

AGE

TYPE OF LAMP

NO. OF BALLAST/TRANSFORMERS

INPU

T OF

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RME

RS

CONTRACTOR WILL INS

TvI FEEDERS ^] CUSTOMER LEADS

TYPE OF SWITCH

LOCATION OF SWITCH

SIGN LOCATION

EXISTING ADDRESS CANOPY FACING NORTH LA SALLE DRIVE READS (BLDG ADDRESS) 1000 NORTH LA SALLE APARTMENTS

The undersigned certiv that the statements in this application are true and correct and that all work done under the nrorkvied permit will conform to the reouirements of the Oiicaco Municipal Code

ELECT CONTR

SUPERVISOR SIGNATURE

N92382

SIGN ERECTOR

TURK. ELECT. SIGN CO.

SIGNER

ADDRESS

3434 N. CICERO CHICAGO XXX IL, 60641

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 Richard M. Daley, Mayor

Department of Buildings

Richard Monocchio, Commissioner

ES\_PERM\_APP\_WEB CEH010808

AP #.100367362

Page 1 of 2

TYPE OF BUSINESS RES GRP LIVING

Other: PROPERTIES

SIGN BOND REQUIRED?

[~J YES

Name. PLANNED PROPERTY

COUNCIL ORDER REQUIRED

[x] YES

LIC it:

IS SPECIAL. PERMISSION REQUIRED FROM CHIEF ELECTRICAL I |yes  
OF REQUEST

Renewal Date:

Projects Over: [Y] Private Property [N] Public Way Grant Permit #: 1093132

[x] Planned Development/Manufacturing PMD/PD#: PD 197 Zoning District:

TIME STAMP

OTHER Other: PD197

TYPE OF SIGN: 1 I ADVERTISING [~J ILLUMINATE (~J MOVEABLE (x) BUSINESS

[ ] FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) 320

TOTAL AREA OF NEW SIGN (SQ.FT.) 105

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 104

HEIGHT OF SIGN ABOVE GRADE (TO TOP)	12ft 6in		
DISTANCE OF CURB LINE OUTER EDGE (ft)	11	SIGN CLERK	APPROVED FOR PERMIT
DISTANCE OF STRUCTURE INNER EDGE (ft)	11		
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) 1,000 B. EXPRESSWAY (IF LESS THAN 1,000 FT.) 9,999 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) 1,000		REMARKS	
IF REPLACEMENT SIGN OR CHANGE OF FACE. WHAT DOES THE EXISTING SIGN READ? Original Payee:			

Landmark Hold: | | Status:

ZONING (OFFICE USE ONLY)

ES\_PERM\_APP\_WEB CEH010808  
AP #100367362

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## CITY OF CHICAGO DEPARTMENT OF ZONING AND LAND USE PLANNING

### SIGN SITE PLAN

(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

Site Address: laoo /0 Lr. TV C^ft±\K\_

Sign Company. F\osU^\<I W. t>w6it>A oE T^ar\* fctecAnc Styv Co.Rep Name: «^Wy»Vi  
of \_y\_ applications

Phone (773 ) 736 - T3oo

EXT

(Below: Building, streets and location of sign on lot or structure)

West

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\_\_\_\_\_T ^teUr^J\_\_\_\_\_

DRIVE

East

SIGN USE:

Bus. ID (On-preraise) K) Business Lice. #

Advertising (Off-premise) ☐

PERMIT TYPE:

New Construction Change of Face Previous Permit #

☐

South

TYPE OF SIGN:

Flat Wall , ☐

Freestanding D

Awning - ca^o/ y 13

Marquee D

High Rise Building ☐

Projecting Private 12

Projecting Public Way ☐ Public Way Use -Permit #

SIGN CHARACTERISTICS.

Non- Illuminated IS Illuminated D Changing Image D Video Display ☐ Flashing ☐

**DISTANCE FROM:**

**Curb Line: II**

**TOTAL SQUARE FOOTAGE:**

Square footage of this proposed sign ir^;

Gross area of all proposed signs

Area of all existing signs

**(not including proposed) on Zoning Lot O**

Expressway, Toll Roads or Major Route (n/a if over 1000 ft) ^-TO Park (over 10 acres) (. Cce>

Residential Zone I 000 Existing Off-premise on same side of street:

**Signature:**

(Revised 4/10)

**Date: (O- H:tk**

ALTA^ACSM Land Title Survey €£|f

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**PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET**

09/09/2010 - John Mariane

DBA Name

Location

Zip Code

Account Number

Site Number

Area

Permit Type Permit Number

1000 N. LA SALLE LLC

1000 N. LA SALLE DR.

60610

356445

I

PERMIT

CAN

1093132

Next steps: Department of Buildings - Permit process for signs

Your Public Way Use permit number is shown above. This number is to be used for each item on your DOB application and is needed for the Buildings (DOB) online sign application located @ [www.cityofchicago.org/buildings](http://www.cityofchicago.org/buildings)

<<http://www.cityofchicago.org/buildings>>. All signs, canopies, banners, marquees and awnings require a buildings permit. Only a licensed sign erector may apply for the Buildings permit online. The Buildings permit application will ask for the Public Way Use permit number supplied above. For additional information please contact the Buildings Department at (312) 744-3400. Please return the completed Public Way Use application to City Hall - 121 N. LaSalle Street, Chicago, IL 60602 Room 800. The completed application package must include a copy of the completed DOB application and the Public Way Use application. The Public Way Use application must contain the Alderman's signature, site plans on 8 1/2 X 11 paper, photos of the item(s), the signed Acceptance letter and a copy of the insurance certificate. For additional information please contact BACP at (312)-74-GOBIZ (312-744-6249).

CITY\*OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION • V.04.28.10

## APPLICATION CHECKLIST (continued)

### ☐ Acceptance Letter

#### ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
2. Upon the passage of the permit ordinance at City Council, pay the non-refundable applicable Grant of Privilege annual permit fee .
3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
4. Resolve all Account Holds since failure to do so will prevent the processing of this permit application;
5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;

I hereby agree to accept the terms and conditions relative to issuance of the permit.

I agree to renew the Certificate of Insurance at least 10 days prior to expiration of the policy.

I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

**I understand that failure to adhere to all conditions imposed in the permit may result in revocation of the permit.**

SIGNATURE: ^Ca(i\ ^\0^/y^K^Y~y \Q-c^ DATE: &(l<tf((Q

PRINT NAME: Qrtlixk) \*\*T^Z> i^vloQ S \_\_\_\_ TITLE: \_

ACCOUNT #: \_\_\_\_\_ SITE # \_\_\_\_\_

**LEGAL NAME OF ENTITY: j fiQQ M. V flisQiU LLC^**

BUSINESS NAME (DBA): \_\_\_\_\_

**BUSINESS LOCATION ADDRESS: \OQO ro . LaSt^Il,\***

**CITY: Chicago STATE: Illinois \_' ZIP CODE: \* \q**

**BUSINESS PHONE: fID^ 3p,1> 3-^DO ejJr . l2 \_^p\_**

**E-MAIL: srto p npmfigp^Ttvu CCTW^\_PERMIT TYPE: \_**

Z H I C A G O \_

t^j^t^- Department of Business Affairs and Consumer Protection • Business Assistance Center 'H.-WkMii^- Public Way Use Unit ■

City Hall, Room 800 ■ 121 North LaSalle Street, Chicago, Illinois 60602 [www.cityofchicago.org/city/en/depts/bacp-](http://www.cityofchicago.org/city/en/depts/bacp-)

<<http://www.cityofchicago.org/city/en/depts/bacp->> 312.74.GOBIZ (744.6249) • 312.742.1974 (TTY)

CITY OF CHICAGO • BACP-PWU • BUNDLE PERMIT APPLICATION • V.04.28.10

## • APPLICATION TO USE THE PUBLIC RIGHT OF WAY

| .. -OFFICE USE ONLY

| DOB PERM

| AMNESTY ELIG: YES ☐ NO

### APPLICANT INFORMATION

LEGAL NAME OF ENTITY: [flQO K) ■ i<Sa[ Lf , (J

PERMIT MAILING ADDRESS: rO> . lLm^buW> "2>6 )\_

CITY: CA/vCQ VO STATE: T>L <sup>1</sup>ZIP CODE: CoQCgJ^

CONTACT PERSON: ^<^tyC^ "Tj>amkc«0 TITLE:

PHONE: ^l. S^ ^TXO^ FAX: fU^, 3V? . O^fo E-MAIL: ^fec^ ? pprY^f^v^\*^ Mjrr ■ C

### BUILDING OWNER INFORMATION

name, (ooo tt.La^Qlli, n ^,

ADDRESS: ^ ■ jīm^fevj^

CITY: GiAvravD ' ' sVaTE: \*-1ju> ZIP CODE: Cgn A, UJ\_

PHONE IIZ-tttEZCO FAX: ^^.^Q.^AD E-MAIL fffc^i £> qfWhwH

## USE OF THE PUBLIC WAY

1. List the proposed or existing use below and complete the worksheet on page 3. Use only one application for all public way use type.

TYPE HOW MANY? BUILDING ADDRESS

2. Please enclose one sketch of each proposed use of the public way, which maps to scale the proposed use(s) and its relationship to surrounding right-of-way. All measurements must be indicated.

The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks).

## APPLICANT CERTIFICATION

I hereby certify that all statements made as part of the application, and the attachments herein, are true to the best of my knowledge and belief.

BY:

g^cv^chr^y (to a>H title:

.N. or SQCIA'L SECURITYTTUMBER: 2>Cp M 3>ft \ \ fl?>

F.E.I.N. or SOCIA'L SECURITYTTUMBER: Lj 3>ft \ [ fl3>

## ALDERMAN'S APPROVAL

As part of this application process, you are required to notify/obtain approval from the Alderman in whose ward your proposed use of the public way is located.

ALDERMAN'S SIGNATURE: \_

DATE: WARD:

Department of Business Affairs and Consumer Protection • Business Assistance Center Public Way Use Unit • City Hall, Room 800 ■  
121 North LaSalle Street, Chicago, Illinois 60602 cowum" woTEmoN www.cityofchicago.org/city/en/depts/bacp-  
<http://www.cityofchicago.org/city/en/depts/bacp-> 312.74.GOBIZ (744.6249) ■ 312.742.1974 (TTY)

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CITY OF CHICAGO • BACP-PWU ■ BUNDLE PERMIT APPLICATION • V.04.28.10

# APPLICATION TO USE THE PUBLIC RIGHT OF WAY

## APPLICATION WORKSHEET

B For use by NEW APPLICANTS ONLY.

S For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBIZ (744-6249)

Complete the worksheet for each use of the public way and indicate all applicable measurements.

Exact Street (i.e. S. State St.)	Quantity	Length of structure along public way	Height of structure	Depth of structure	Height above grade	Total depth over public way	Is this sign(s) IlluminatePublic d? (Y/N)	Is this an Existing Public Way Use (Y/N)
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See example of required plans beginning on page 5.

NOTE: Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.

C H I C A

Department of Business Affairs and Consumer Protection • Business Assistance Center Public Way Use Unit • City Hall, Room 800 • 121 North LaSalle Street, Chicago, Illinois 60602 coNiu^profCTOK [www.cityofchicago.org/city/en/depts/bacp-](http://www.cityofchicago.org/city/en/depts/bacp-)  
<<http://www.cityofchicago.org/city/en/depts/bacp->> 312.74.GOBIZ (744.6249) • 312.742.1974 (TTY)

## ACORD^ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/28/2010

PRODUCER Murphy Team Mesirow InsurTHIS CERTIFICATE IS ISSUED AS  
Drive Bannockburn, IL 60015

A MATTER OF INFORMATION  
ONLY AND CONFERS NO  
RIGHTS UPON THE  
CERTIFICATE HOLDER. THIS  
CERTIFICATE DOES NOT  
AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE  
POLICIES BELOW.  
INSURERS AFFORDING  
COVERAGE

NAIC #

INSURED Planned Realty Group, Inc. 133INSURER  
60622 A

Steadfast Insurance Company

INSURER  
B  
INSURER  
C

American Guarantee & Liability

26247

INSURER  
D  
INSURER  
E

#### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LTR  
NSRC  
TYPE OF INSURANCE  
POLICY NUMBER  
POLICY EFFECTIVE DATE (MM/DD/YY)  
POLICY EXPIRATION DATE (MM/DD/YY)

LIMITS  
GENERAL LIABILITY  
SCO374374310

06/01/10

06/01/11

EACH OCCURRENCE

COMMERCIAL GENERAL LIABILITY | X | OCCUR

DAMAGE TO RENTED PRFMISFS (Fa or.currRnr.fi <http://or.currRnr.fi>)

CLAIMS MADE

MED EXP (Any one person)

BI/PD Ded:10,000

PERSONAL & ADV INJURY

GENERAL AGGREGATE

GEN'L AGGREGATE LIMIT APPLIES PER: POLICY

PRODUCTS - COMP/OP AGG

PROJECT

81,000,000

\$50,000

\$1,000,000

15,000,000

\$1,000,000

AUTOMOBILE LIABILITY

ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS

SCO374374310

06/01/10

06/01/11

COMBINED SINGLE LIMIT (Ea accident)

\$1,000,000

BODILY INJURY (Per person)

BODILY INJURY (Per accident)

PROPERTY DAMAGE (Per accident)

GARAGE LIABILITY

ANY AUTO

AUTO ONLY - EA ACCIDENT

OTHER THAN AUTO ONLY:

EXCESS/UMBRELLA LIABILITY

X OCCUR I CLAIMS MADE

AUC926584800

06/01/10

06/01/11

EACH OCCURRENCE

\$25,000,000

AGGREGATE

\$25,000,000

DEDUCTIBLE RETENTION

\$0

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under

SPECIAL PROVISIONS below\_

WC STATUTORY LIMITS

OTH- EFL

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

OTHER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Chicago, its agents and employees are listed as additional insured in regards to canopy, awning and signs.

see attached page for locations. (See Attached Descriptions)

#### CERTIFICATE HOLDER

#### CANCELLATION 10 Days for Non-Payment

City of Chicago-Office Public Way Use Unit 121 N LaSalle St. Room 800

Chicago, IL 60604

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) 1 of 3

#S807433/M751445

KY9



© ACORD CORPORATION 1988

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ACORD 25-S (2001/08) 2 of 3**

**#S807433/M751445**

I.-\*--

## **DESCRIPTIONS (Continued from Page 1)**

RE: 1940 N. Lincoln 2727 N. Clark 2756 N Pine Grove 501-509 W. Diversey 632-644 W. Addison 634-643 W. Cornelia 430-446 W. Diversey 2811-2815 N. Pine Grove 3435-3441 N. Broadway 596 W Hawthorn 515 W Briar 1049 W Oakdale 455 W Wellington 3130 N Lake Shore Drive 1120 N LaSalle 1111 N Dearborn 1133 N Dearborn

AMS 25.3 (2001/08) 3 of 3 #S807433/M751445