

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\*: Audrey McFarlin - State Farm

(\* 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: 1631 S Michigan Ave. Ste 103 Chicago, IL 60616

Zoning District: DX-5

DOB Sign Permit Application #: 101026890

Sign Details:

1. On-premise  OR Off-premise

2. Static sign  OR Dynamic-image display sign

3. Number of sign faces

4. Projecting over the public way  (Yes or No) If yes, Public Way Use #: 499898-001

5. Dimensions: Length 24 feet 9 inches Height 6 feet 4 inches

Total square feet in area: 166 feet  inches

6. Height above grade: 11 feet  inches

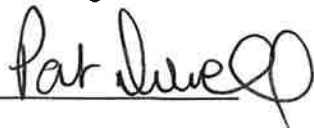
7. Elevation (side of building or lot where the sign will be erected): West - Front of building

8. Name of Sign Contractor/Erector: Hernandez Signs & Awnings

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.

Pat Dowell

Alderman



3rd

Ward



CITY OF CHICAGO

**DEPARTMENT OF BUILDINGS****Sign Permit Application**

APPROVAL NUMBER	APPLICATION NUMBER 101026890	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF APPLICATION 08/07/2023	TYPE OF SIGN <b>A WNING</b>			
ADDRESS OF SIGN 1631 S MICHIGAN AVE, 60616- STE 103	LENGTH	FT. 24	IN. 9	HEIGHT FT. 6
BUILDING	ORIGINAL PERMIT NUMBER	AREA	SQ. FT. 166.83	WEIGHT LBS. 30
TYPE OF PERMIT <b>NEW CONSTRUCTION (SIGN)</b>	SIGN HEIGHT ABOVE GRADE/ROOF			FT. 11
PAYER OF ANNUAL INSPECTION FEE MCFARLIN, AUDREY 1631 S MICHIGAN AVE CHICAGO, IL 60605 (708)334-4811	SHAPE OF SIGN <b>REGULAR</b>			
SIGN MANUFACTURER HERNANDEZ SIGNS & A WNING	SIGN WILL READ <b>STATE FARM</b>			
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION <b>4800 S RICHMOND ST CHICAGO IL</b>	NO. OF LAMPS <b>N/A</b>	TOTAL WATTAGE		
TICKET NUMBER 0	REINSPECTION CONTROL NUMBER	TYPE OF LAMP		
TYPE OF SUPPORT FOR SIGN <b>A WNING</b>	NO. OF BALLAST/TRANSFORMERS	INPUT OF TRANSFORMERS		
SIGN BOARD SUPPORT MEMBERS <b>STEEL</b>	CONTRACTOR WILL INSTALL	<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS		
ANNUAL FEE	TYPE OF SWITCH <b>N/A</b>			
CONSTRUCTION FEE <u>1,200.00</u>	LOCATION OF SWITCH <b>N/A</b>			
1017 B FEE	SIGN LOCATION <b>REPLACE EXISTING A WNING AND APPLY WINDOWS VINYL</b>			
TOTAL FEE <u>1,200.00</u>	Check # for Zoning			
AMOUNT PAID <u>200.00</u>	Check # for DCAP			
BALANCE DUE <b>\$ 1,000.00</b>				

The undersigned certify that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Chicago Municipal Code

LICENSE #
ELECT CONTR*
ADDRESS
SUPERVISOR SIGNATURE

# TGC108841
CONTRACTOR* HERNANDEZ SIGNS AND A WNING IN GENCON
ADDRESS 4800 S RICHMOND STREET CHICAGO IL, 60632
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

City of Chicago  
Brandon Johnson, MayorDepartment of Buildings  
Matthew Beaudet, Commissioner

<b>TYPE OF BUSINESS</b> COM GEN OFFICE      Other: OFFICE Name: AUDREY MCFARLIN INS AGENCY INC LIC #: 8609817 Renewal Date: 04/30/2026	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input type="checkbox"/> YES IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL INSPECTOR <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way      Grant Permit      BACP1852314 <input type="checkbox"/> Planned Development/Manufacture PMD/PD# Zoning District: DX      Other: MIXED	TIME STAMP
<b>TYPE OF SIGN:</b> <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATEE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET)      4.5 TOTAL AREA OF NEW SIGN (SQ.FT.)      166.83 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.)      166.83 HEIGHT OF SIGN ABOVE GRADE (TO TOP)      17ft 7in	
DISTANCE OF CURB LINE OUTER EDGE (ft)      12 DISTANCE OF STRUCTURE INNER EDGE (ft)      11	SIGN CLERK APPROVED FOR PERMIT
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES)      2 B. EXPRESSWAY (IF LESS THAN 1,000 FT.)      6 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY)      2	REMARKS
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?  Original Payee: _____	
Landmark Hold: <input type="checkbox"/> Status: _____	
ZONING (OFFICE USE ONLY)	



CITY OF CHICAGO  
**SIGN PERMIT APPLICATION**  
(THIS IS NOT A PERMIT)

**You must complete and submit paper copies of the attached Supplemental Sign Permit Application along with the online Sign Permit Application before your application can be processed.**

- 1. First, you must fill out a Sign Permit Application online.**
- 2. Next, you must print out this supplemental application and type in the form or fill it out by hand**
- 3. Then, you must submit a paper copy of both forms to the Department of Buildings for review.**

**Pursuant to Section 13-20-510 of the Code:**

**“Owner or lessee of the real property” means: (1) the owner of the real property on which any on-premise or off-premise sign is located; or (2) any on-premise tenant of an owner who maintains an on-premise sign on such owner’s real property. For purposes of this definition, the term “owner or lessee of the real property” shall not mean the owner or lessee of an off-premise sign asset or account or of an off-premise sign structure asset or account, or the lessee of air space or exterior wall space for an off-premise sign. The definition of “owner or lessee of the real property” added by the amendatory ordinance of 2017, effective January 1, 2018, is intended to clarify, rather than to change, existing law.**




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/04/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

<b>PRODUCER</b>  <b>State Farm</b> AUDREY MCFARLIN INS AGENCY INC 1631 S MICHIGAN AVE STE 103 CHICAGO IL 60616	<b>CONTACT NAME:</b> AUDREY MCFARLIN <b>PHONE (A/C, No, Ext):</b> 7739351400 <b>E-MAIL ADDRESS:</b> audrey@audreymcfarlin.com	<b>FAX (A/C, No):</b> 7083717604
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> AUDREY MCFARLIN INS AGENCY INC DBA AUDREY MCFARLIN STATE FARM 1631 S MICHIGAN AVE STE 103 CHICAGO IL 60616	<b>INSURER A:</b> State Farm Fire and Casualty Company	<b>NAIC #</b> 25143
	<b>INSURER B:</b>	<input type="checkbox"/>
	<b>INSURER C:</b>	<input type="checkbox"/>
	<b>INSURER D:</b>	<input type="checkbox"/>
	<b>INSURER E:</b>	<input type="checkbox"/>
	<b>INSURER F:</b>	<input type="checkbox"/>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	93-KN-A127-3	12/04/2019	12/04/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 500,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Chicago, its agents and employees are listed as additional insured in regards to a Public Way Use for window signage and awning at 1631 S Michigan Ave Ste 103 Chicago IL 60616

Cancellation: 30 Days advance written notice prior to cancellation

**CERTIFICATE HOLDER****CANCELLATION**

City of Chicago Department of Business Affairs and Consumer Protection 121 N LaSalle St Rm 805 Chicago IL 60602	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> Completed by State Farm Underwriting Operations. If signature is required, please refer to contact name above.

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# Owner and Officer Information (as required per 4-4-050 of the Municipal Code of Chicago)

- o **Sole Proprietors** are required to provide information about the individual who owns the business.
- o **General Partnerships, Limited Partnerships and Limited Liability Partnerships** are required to provide information about all the Partners of the organization.
- o **Limited Liability Companies** are required to provide information about the organization's Members, and any other shareholder(s) with a major beneficial interest.
- o **Corporations** are required to provide information about the organization's President, Secretary, and any other shareholder(s) with a beneficial interest.
- o **Not for Profit Corporations** are required to provide information about the organization's President and Secretary.

Proof of identification may be required to complete the actual application.

Ownership % **100** Title:  Sole Proprietor  Partner  President  Managing Member  Other:

First Name **AUDREY** Middle Name Last Name **MCFARLIN**

Current Residential Address **18300 S HALSTED ST** Suite/Apt. # **B393** City **GLENWOOD** State **IL** ZIP Code **60425**

Home Phone **(708) 334 4811** Social Security Number / ITIN **326 549 084** Date of Birth **04 / 10 / 1957** Email Address **AUDREY@AUDREYMCFARLIN.COM**

Ownership % Title:  Secretary  Partner  Managing Member  Other:

First Name Middle Name Last Name

Current Residential Address Suite/Apt. # City State ZIP Code

Home Phone ( ) Social Security Number / ITIN - - Date of Birth / / Email Address

Ownership % Title:  Vice President  Member  Other:

First Name Middle Name Last Name

Current Residential Address Suite/Apt. # City State ZIP Code

Home Phone ( ) Social Security Number / ITIN - - Date of Birth / / Email Address

Ownership % Title:  Treasurer  Member  Other:

First Name Middle Name Last Name

Current Residential Address Suite/Apt. # City State ZIP Code

Home Phone ( ) Social Security Number / ITIN - - Date of Birth / / Email Address

Ownership % Title:  Shareholder  Other:

First Name Middle Name Last Name

Current Residential Address Suite/Apt. # City State ZIP Code

Home Phone ( ) Social Security Number / ITIN - - Date of Birth / / Email Address

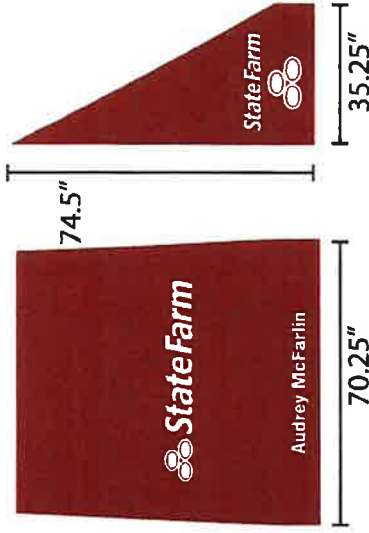




Shed Style Awnings Reskin  
 Sunbrella Marine Burgandy 6031-0000 Fabric with White Imprint



64" High x 24' 9" Wide x 29" Deep



74.5" High x 70.25" Wide x 35.25" Deep

**Everbrite**  
 DISCLAIMER: Renderings are for graphic purposes only, and not intended for actual construction dimensions. For window requirements, actual dimensions and mounting detail, please refer to engineering specifications and final drawings.  
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**Customer: STATE FARM**  
**Project No: 481994 LM**  
**Date: 03/08/2023**  
**Location & Site No: 1631 S. Michigan Ave., Suite 103 Chicago, IL 60616**

**Description: Reskin Business Facade Awnings**  
 Scale: \_\_\_\_\_  
 Drawn By: TAJ

**Revised: 3/10/23**  
**Revised: 4/5/23**

**CUSTOMER SIGNATURE** \_\_\_\_\_ **DATE** 4/28/2023  
**LANDLORD SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_





Before



After

Window and Door Vinyl  
 All Vinyl to be Applied to the  
 OUTSIDE of the Glass

Bottom of Agent Name to  
 be placed 60" from Grade.  
 2.5" space between bottom of  
 Logo and top of Agent Name



Reads from Left to Right:



NOTE: Adjust door vinyl if needed so door handle does not cover vinyl

NOTE: Use Blank 4' Vinyl Strips

**Everbrite**  
 Customer: STATE FARM  
 Project No: 481994  
 Date: 03/05/2023  
 Location & Site No: 1631 S. Michigan Ave., Suite 103  
 Chicago, IL 60616 SF95615

DISCLAIMER: Renderings are for graphic purposes only and not intended for actual construction dimensions. For window requirements, actual dimensions and mounting detail, please refer to engineering specifications and install drawings.  
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Description: Window and Door Vinyl

Scale: \_\_\_\_\_  
 Drawn By: TAJ

Revised: 3/8/23  
 Revised: 3/15/23

CUSTOMER SIGNATURE: *Audrey McFarlin*  
 LANDLORD SIGNATURE: \_\_\_\_\_

DATE: 4/28/2023  
 DATE: \_\_\_\_\_





Home    Permits    View

1. Basic Information
2. Applicant Information
3. Emergency Contacts
4. Permit Details
5. Documentation
6. Legal Agreement
7. Status

## Permit Application Status

### BACP Grant of Privilege Permits - Public Way Use

Application Number - BACP1852314

Please click [here](#) to subscribe to Chicago Business Alerts, including notifications for wind advisories.

Application Information:

- Your application is currently under review by BACP. You will receive an email when the review is complete.

Type	BACP Grant of Privilege Permits
Status	Zoning Review
Applicant Information	AUDREY MCFARLIN INS AGENCY INC-Primary Applicant <a href="#">more info...</a>

[Cancel Application](#)

### Reviews

Review	Date Completed	Status	Notes
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BACP Zoning Review

Pending

PWU Intake Review

8/7/2023

Approved

NEW APP FOR AWNINGS

## Messages About This Application

Comment	Date	Description
The PWU Intake Review has been given a result of Approved	8/7/2023 2:47:20 PM	Review resulted

Send a Message About This Application

## Important Dates

Creation Date 8/4/2023

Submission Date 8/4/2023

## Applicant Information

Primary Applicant

Name

AUDREY MCFARLIN INS AGENCY INC

(708)334-4811

ahudsonmcfarlin@sbcglobal.net

1631 s michigan ave

ste 103

chicago IL 60616

[...return to top](#)

## Basic Information

Application Title	Public Way Use - Awning
Application Type	Public Way Use
Description of Request	Awning

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## Emergency Contacts

Emergency Contact		Additional Information
Name	Phone	E-Mail
novik mcfarin	(708)334-3795	novik.mcfarin@gmail.com
		spouse of owner

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## Permit Details

PWU Type	Awning with Lettering or Graphics
Grade Level	Above Grade
Existing or Proposed	Existing

## PWU Property Information

Location

Half Address

1631 S MICHIGAN AVE 

### PWU Obstruction Information

Quantity	Height of structure (ft.)	Depth over public way (ft.)	Height Above or Below Grade (ft.)
1	5.33	2.42	6.7
1	6.16	2.92	6.7

Describe in detail how the public way is to be used together with the description of location

REPLACE EXISTING BUSINESS AWNING TO IDENTIFY LOCATION OF BUSINESS.

BACP Account Number

499898

Site Number

001

[Click here to look up your BACP Account Number](#)

[Business Information Sheet \(BIS\)](#)

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### Documentation

Document

Categories

[COI.pdf](#)

• [General Liability Insurance](#)

[sign package.pdf](#)

• [Photograph\(s\) of Proposed Site](#)

[Edit](#)



Document

Categories

[sign package.pdf](#) • Plans Displaying the Items to be Located On, Over or Under the Public Way

[Grant of Priv for PWU app.pdf](#) • Legal Agreement with Applicant Signature

## Legal Agreement

Title Acceptance date

Certification 8/4/2023

[Show Legal Agreement](#)

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If you need assistance, please contact [support](#) for the appropriate department.

If your question is about an existing application, please include your application number or the address of your application.