

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*: COMMUNITY BLOOD CENTER, INC.

(* 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: 9920 S WESTERN AVE. Chicago, IL 60643


Zoning District: B1-1

DOB Sign Permit Application #: 101 046 526

Sign Details:

1. On-premise OR Off-premise
2. Static sign OR Dynamic-image display sign
3. Number of sign faces 2
4. Projecting over the public way NO (Yes or No) If yes, Public Way Use #: _____
5. Dimensions: Length 16 feet 0 inches Height 7 feet 0 inches
Total square feet in area: 112 feet 0 inches
6. Height above grade: 16 feet 0 inches
7. Elevation (side of building or lot where the sign will be erected): EAST ELEVATION
8. Name of Sign Contractor/Erector: PRO IMAGE PROMOTIONS, INC.

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.


Alderman

19
Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 101046526	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION 03/15/2024	
ADDRESS OF SIGN 9920 S WESTERN AVE, 60643-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAYER OF ANNUAL INSPECTION FEE VOSKUIL, TRICIA 9920 S WESTERN AVE CHICAGO, IL 60643 (920)560-6625	
SIGN MANUFACTURER BRAND SAUCE, INC	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION	
TICKET NUMBER 0	REINSPECTION CONTROL NUMBER
TYPE OF SUPPORT FOR SIGN POLE	
SIGN BOARD SUPPORT MEMBERS STEEL	
ANNUAL FEE	_____
CONSTRUCTION FEE	600.00
1017 B FEE	_____
TOTAL FEE	600.00
AMOUNT PAID	200.00
BALANCE DUE	\$ 400.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Check # for Zoning</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Check # for DCAP</div>	

TYPE OF SIGN FLAT OR BOX					
LENGTH	FT. 16	IN. 0	HEIGHT	FT. 7	IN. 0
AREA	SQ. FT. 112	WEIGHT		LBS. 100	
SIGN HEIGHT ABOVE GRADE/ROOF				FT. 16	
SHAPE OF SIGN REGULAR					
SIGN WILL READ THE COMMUNITY BLOOD CENTER					
NO. OF LAMPS 4			TOTAL WATTAGE 72		
TYPE OF LAMP OTHER					
NO. OF BALLAST/TRANSFORMERS 1			INPUT OF TRANSFORMERS 120		
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS		
TYPE OF SWITCH KNIFE					
LOCATION OF SWITCH OUTSIDE SIGN					
SIGN LOCATION COMMUNITY BLOOD CENTER INC NEW ELECTRICAL ID POLE SIGN FACES LOCATION: EAST ELEVATION SIGN FACING: CICERO AVE.					

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 #	E05834
ELECT CONTR* M-K SIGNS, INC.	ELECTR
ADDRESS 1400 GRANT STREET MELROSE PARK, IL 60160	
SUPERVISOR SIGNATURE	

#	TGC101239
CONTRACTOR* PRO IMAGE PROMOTIONS INC	GENCON
ADDRESS 1547 WEST CHICAGO AVENUE CHICAGO IL, 60642	
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, Mayor



Department of Buildings
Marlene Hopkins, Acting Commissioner

TYPE OF BUSINESS <u>OTHER</u> Other: <u>BLOOD DONATIONS</u> Name: <u>COMMUNITY BLOOD CENTER INC</u> LIC #: <u>APPLIED</u> Renewal Date: _____	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input type="checkbox"/> YES
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way Grant Permit _____ <input type="checkbox"/> Planned Development/Manufacture PMD/PD# _____ Zoning District <u>B1</u> Other: <u>-1</u>	IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL INSPECTOR <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input checked="" type="checkbox"/> ILLUMINATED <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	TIME STAMP
TOTAL STREET FRONTAGE OF LOT (IN FEET) <u>125</u> TOTAL AREA OF NEW SIGN (SQ.FT.) <u>112</u> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) <u>160</u> HEIGHT OF SIGN ABOVE GRADE (TO TOP) <u>23ft 0in</u>	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE OF CURB LINE OUTER EDGE (ft) <u>16</u> DISTANCE OF STRUCTURE INNER EDGE (ft) <u>32</u> 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: <input type="checkbox"/> Status: _____	REMARKS
ZONING (OFFICE USE ONLY)	

RE-FACE EXISTING POLE SIGN (Double Sided)



General Contractor:
PRO IMAGE PROMOTIONS, INC.
 DBA Pro Image Chicago Signs
 1547 W. Chicago, Ave.
 Chicago, IL 60642
 Tel. 773 292 1111
 permits@allproimage.com
 allproimage.com

Location East Elevation
 Adresse 9920 S Western Ave.
 Chicago, IL. 60643

- RE-FACE INTERNALLY ILLUMINATE POLE SIGN
- FACES 1/8" WHITE ACRYLIC
- UL LISTED LOW VOLTAGE ELECTRONIC LED LIGHTING SYSTEM
- UL LISTED CLASS 2 LOW VOLTAGE POWER SUPPLY

Date: 03 - 15 - 2024

Client
 COMMUNITY BLOOD CENTER, INC