#### 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*: ROVITO DE SOL - 8// UPTONY, CC  (* 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: 804 MONTROSE AVE Chicago, IL 606 13                                                                                                                                                                                                                                                                                                                                                         |
| Zoning District: PD 138.                                                                                                                                                                                                                                                                                                                                                                                     |
| DOB Sign Permit Application #: 10/036033                                                                                                                                                                                                                                                                                                                                                                     |
| Sign Details:  1. On-premise X OR Off-premise                                                                                                                                                                                                                                                                                                                                                                |
| 2. Static sign X OR Dynamic-image display sign                                                                                                                                                                                                                                                                                                                                                               |
| 3. Number of sign faces                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Projecting over the public way NO (Yes or No) If yes, Public Way Use #:                                                                                                                                                                                                                                                                                                                                   |
| 5. Dimensions: Length <u>24</u> feet <u>4</u> inches Height <u>9</u> feet <u>7</u> inches                                                                                                                                                                                                                                                                                                                    |
| Total square feet in area: 233 feetO_ inches                                                                                                                                                                                                                                                                                                                                                                 |
| 6. Height above grade: 33 feet 1 inches                                                                                                                                                                                                                                                                                                                                                                      |
| 7. Elevation (side of building or lot where the sign will be erected):                                                                                                                                                                                                                                                                                                                                       |
| 8. Name of Sign Contractor/Erector: Comet Neon, 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. |
| 46                                                                                                                                                                                                                                                                                                                                                                                                           |
| Alderman Ward                                                                                                                                                                                                                                                                                                                                                                                                |



| APPROVAL NUMBER                          | APPLICATION NUMBER 101036033               | ANNUAL FEE              |      | WORK CODE                    |                   |          |        | DRAWINGS YES ATTACHED NO |        |          |              |
|------------------------------------------|--------------------------------------------|-------------------------|------|------------------------------|-------------------|----------|--------|--------------------------|--------|----------|--------------|
| DATE OF APPLICATION                      | 10/19/2023                                 |                         |      | TYPE OF SIGN                 | FLAT              | OR BO    | X      |                          |        |          |              |
| ADDRESS OF SIGN 804 W MONTROSE A         | AVE, 60613-                                |                         |      | LENGTH                       | ғт.<br>24         | IN.<br>4 |        | HEIGHT                   |        | FТ.<br>9 | in.<br>7     |
| BUILDING                                 | ORIGINAL PERMIT NUMBER                     |                         |      | AREA                         | SQ. FT.<br>233    |          |        | WEIGHT                   |        |          | LBS.<br>300  |
| TYPE OF PERMIT NEW CONS                  |                                            |                         |      | SIGN HEIGHT AB               | OVE GRADE/R       | OOF      |        |                          |        |          | FT.<br>33    |
| STICKLER, DIANE<br>8096 EXCELSIOR BLVD   |                                            |                         | SF   | HAPE OF SIGN R               | EGULAR            |          |        |                          |        |          |              |
| HOPKINDS, MN 55343<br>(952)999-0055      |                                            |                         |      | GN WILL READ<br>A YITO DE SO | DL                |          |        |                          |        |          |              |
| SIGN MANUFACTURER<br>ELEVA TE SIGN GROUP |                                            |                         |      | NO. OF LAMPS                 | 0                 |          |        | TOTAL WATTA              | AGE    |          |              |
| ADDRESS WHERE SIGN CAN BE SEI            | EN PRIOR TO ERECTION                       |                         |      | TYPE OF LAMP                 | OTHER             |          |        |                          |        |          |              |
| TICKET NUMBER REII                       | NSPECTION CONTROL NUMBER                   |                         |      | NO. OF BALLASI               | 7/TRANSFORME<br>8 | ERS      |        | INPUT OF 1<br>120        | FRANS  | SFORMERS | ;            |
| TYPE OF SUPPORT FOR SIGN BU              | ILDING                                     |                         |      | CONTRACTOR                   | WILL INSTAL       | L        | N<br>Y | FEEDERS<br>CUSTOMER L    | EADS   |          |              |
| SIGN BOARD SUPPORT MEMBERS               | OTHER                                      |                         | TY   | PE OF SWITCH                 | KNIFE             |          |        |                          |        |          |              |
| ANNUAL FEE  CONSTRUCTION FEE             | 700.00                                     |                         | LO   | CATION OF SWITC              | H LISTED          | FLUSE    | I TO   | OGGLE                    |        |          |              |
| 1017 B FEE                               | Check#                                     | for Zoning              |      | ON LOCATION                  | ON OF INT         | ERNA]    | LLY    | ILLUMINA                 | ATE    | D        |              |
| TOTAL FEE  AMOUNT PAID                   |                                            | for DCAP                | C    | HANNEL LE                    | TTERS TO          | READ     | " R    | AYITO DE                 | SOI    | _H       |              |
| BALANCE DUE _                            | \$ 500.00                                  |                         |      |                              |                   |          |        |                          |        |          |              |
| The undersigned certify that the stat    | ements in this application are true and co | rrect and that all work | done | under the propose            | d nermit will c   | onformto | the re | anirements oftl          | he Chi | cago Mur | ricinal Code |

E95345 LICENSE # ELECT CONTR\* PRO-LINE ELECTRICAL **ELECTR** ADDRESS SYSTEMS,INC. DES PLAINES, IL 600/6 SUPERVISOR SIGNATURE

TGC100579 CONTRACTOR\* ELEVATE SIGN GROUP LTD **GENCON** 1120 NORTH RIDGE A VENUE LOMBARD IL, 60148 SIGNATURE

\*IF APPLICABLE
The permit issued on this polication 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** Matthew Beaudet, Commissioner

| TYPE OF BUSINESS COMMERCIAL Other:                                              | SIGN BOND REQUIRED?                 | S                           |
|---------------------------------------------------------------------------------|-------------------------------------|-----------------------------|
| COMMERCIAL Other:                                                               | COUNCIL ORDER REQUIRED YE           | S                           |
| LIC#:                                                                           |                                     |                             |
| Renewal Date:                                                                   | IS SPECIAL PERMISSION REQUIRED FROM | I CHIEF ELECTRICAL INSPECTO |
| Projects Over:                                                                  | □YES                                |                             |
| Y Private Property                                                              | IF YES, ATTACH LETTER OF REQUEST    |                             |
| N Public Way Grant Permit                                                       |                                     |                             |
| X Planned Developmenti/Manufactur PMD/PD# 138 Zoning DistrictOTHER Other: PD138 | TIME STAMP                          |                             |
| TYPE OF SIGN:  ADVERTISING  ILLUMINATED  MOVEABLE                               |                                     |                             |
| X BUSINESS                                                                      |                                     |                             |
| TOTAL STREET FRONTAGE OF LOT (IN FEET) 323                                      |                                     |                             |
| TOTAL AREA OF NEW SIGN (SQ.FT.) 233                                             |                                     |                             |
| TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 233                                     |                                     |                             |
| HEIGHT OF SIGN ABOVE GRADE (TO TOP) 42ft 7in                                    |                                     |                             |
| DIST ANCE OF CURB LINE OUTER EDGE (ft) 19                                       | SIGN CLERK                          | APPROVED FOR PERMIT         |
| DISTANCE OF STRUCTURE INNER EDGE (ft) 18                                        |                                     |                             |
| DIST ANCE FROM (ft):                                                            | REMARKS                             |                             |
| 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:                                                          |                                     |                             |
| ZONING (OFFICE USE ONLY)                                                        |                                     |                             |
|                                                                                 |                                     |                             |
|                                                                                 |                                     |                             |
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|                                                                                 |                                     |                             |

#### **SUPPLEMENTAL APPLICATION**

This Supplemental Application must be completed and submitted along with the Online Sign Permit Application.

All fields must be completed. If a field is not applicable you must answer "n/a" in the field.

|   | (417) | G F GHI OA | 60   |
|---|-------|------------|------|
|   | DIAR  | MEN        | T OF |
|   |       |            | 162  |
| * | *     | *          | *    |

### SIGN PERMIT APPLICATION (THIS IS NOT A PERMIT)

| * * *                               | *                              | (THIS IS NOT A PERMIT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application Number: 10 1036         | 033 Date of Application:       | 10/19/2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Address of property where sign wil  | l be erected: 804 WEST         | Montrase ANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Does property have multiple addre   | sses? 🗆 Yes 🖾 No               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If yes, please list all addresses   | N/A                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Is this building vacant? ☐ Yes 🏻    | No                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If yes, is it registered under the  | Vacant Building Ordinance? Reg | sistration # <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                     | Section 1 - A                  | Applicant Commence of the Comm |
| Applicant is the Owner (of the real | property) 🗆 Lessee (of the re  | eal property)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                     |                                | ala Harkem Irvina Cawa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name of Owner of Real Property:     | MANIESE HAD C                  | LAIRE WON LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                     | em AVE., NOSKIDGE              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Phone #:                            | Mobile #:                      | Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name of Lessee of Real Property:    | KAYITU DE SOL-8                | THE VETOWN LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Name:                               | Address:                       | 1408 N. Clarendon Ave Chicago IL 6064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Phone #:                            | Mobile #:                      | Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                     | Section 2 - Co                 | ontractors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Payer Company of Annual Inspection  | on Fee:                        | 8096 Excersion Blub,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name of Contact of Payer Com        | pany: DIANE STICKLOR           | Hopkins MN 55943                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name of Payer Company: PAY          | IN DESOL-FILUPTOWN, ULC        | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Phone #: NA                         | Mobile #:952_ 999-             | 0055 Email: dichenging wm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Electrical Contractor*: Pro-Line El |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address: 437 Munroe Cir Des         |                                | License #: E95345                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                     |                                | Email: info@pro-linesystems.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Website:                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| General Contractor*: Elevate Sign ( |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| License #: TGC100579                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address: 1120 N Ridge Ave, L        | ombard, IL 60148               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                     | Mobile #: N/A                  | Email: oliwia@elevatesigngroup.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Website: www.elevatesigngrou        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| * if applicable.                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                                                                                          | City of Chicago Sign Permit Application continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Expediter: N/A                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address: N/A                                                                                             | License #: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Phone #: N/A                                                                                             | Mobile #: <u>N/A</u> Email: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Website: N/A                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                          | Section 3 - Sign and Structure Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                          | (Please check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Sign Category:                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On-Premise (Bu                                                                                           | usiness ID):   Dynamic   Static                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business Licens                                                                                          | se # of Tenant Business: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Off-Premise (Ad                                                                                          | vertising): Dynamic 🕱 Static                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                          | Special Event:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sign will read (Plea                                                                                     | se provide a description, picture and shop drawing): "ROYITO DE SOL"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Type of sign (Mark a                                                                                     | all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| □ A                                                                                                      | wning 🗆 Canopy 🗀 Freestanding 🗅 Marquee 🗖 Projecting 🗀 Dynamic Image Display                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>ĭ</b> XÍ ∨                                                                                            | /all □ Painted □ Cabinet/Frame □ Vinyl □ Projected image □ Flashing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                          | ligh Rise Building □ Hotel/Hospitals □ Other buildings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Wha                                                                                                      | t is the dimension of the wall on which the sign will be installed? <u>\lambda \lambda \tau \tau \tau \tau \tau \tau \tau \ta</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Where is sign or sign is the sign or sign so is this a freestandin which direction doe Does any portion. | Inside the building Outside the building tructure mounted? Inside the building Outside the building tructure attached to a building or wall?: Yes Inside the building? New Yes Inside the building Outside the building Yes Inside the building I |
| Does any portion of                                                                                      | the sign, sign structure, or attachments extend on or over the public way? 🗆 Yes 💢 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                          | e public way use permit number?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                          | back within 30 degrees of parallel ☐ Yes ☒ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Number of Faces:                                                                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sign Support Structi                                                                                     | ure: □ Pole □ Roof □ Ground 🌣 Building □ Windows □ Other: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Does any portion                                                                                         | n of the sign or sign structure extend 24 inches above the roof line as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| defined in 17-1                                                                                          | 7-02149 of the Municipal Code of Chicago?   Yes  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Pictu                                                                                                    | re or rendering must be attached depicting sign placement with before and after view.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Section 3 continues on next page

#### CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

Section 3 continued

| Dimensions of Sign Structure (i.e. cabinet, frame, awning, canopy)                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Length: <u>34</u> Feet <u>4</u> Inches Height: <u>9</u> Feet <u>1</u> Inches Depth: <u>0</u> Feet <u>8</u> Inches                                                                           |
| Area: <u>33</u> Sq Ft. Weight: <u>300</u> lbs.                                                                                                                                              |
| Shape of Sign: Regular                                                                                                                                                                      |
| Sign Height above Grade:                                                                                                                                                                    |
| From Grade to Bottom of sign or sign structure, whichever is lowest:Ft.                                                                                                                     |
| From Grade to Top of sign or sign structure, whichever is highest: 42 Till Ft.                                                                                                              |
| Is City Council Order required?* X Yes No                                                                                                                                                   |
| *All signs in excess of 100 Square Feet in area OR in excess of 24 feet above grade require a City Council Order pursuant to Section 13-20-680 of the Municipal Code of Chicago             |
| Dimension of Sign Elements pursuant to Section 17-12-0601 of the Chicago Zoning Ordinance:                                                                                                  |
| Length: <u>24</u> Feet <u>4</u> Inches Height: <u>9</u> Feet <u>7</u> inches Area: <u>233</u> Sq Ft.                                                                                        |
| Electrical Contractor will install: Feeders: ☐ Yes ☒ No Customer Leads: ☒ Yes ☐ No                                                                                                          |
| Number of Lamps: <u>560</u> Total Wattage: <u>480</u> Type of Lamp: Other: LED                                                                                                              |
| Number of Ballast/Transformers:                                                                                                                                                             |
| Type of Switch: knife Location of Switch: listed flush toggle                                                                                                                               |
| Static: No No                                                                                                                                                                               |
| Illuminated: X Yes  No                                                                                                                                                                      |
| If yes - External Internal_X                                                                                                                                                                |
| <b>Dynamic Image Display:</b> ☐ Yes ☑ No (An affidavit of compliance is required for all dynamic image display signs pursuant to Section 13-20-675(d)(2) of the Municipal Code of Chicago.) |
| Max Nits N/A Max Foot Candles N/A Message Time (Screen Hold): N/A seconds                                                                                                                   |
| Self Dimming Capability: ☐ Yes ☒ No                                                                                                                                                         |
| What is the total of the sign face area devoted to dynamic image display? N/A Sq Ft.                                                                                                        |
| Section 4 - Zoning Information                                                                                                                                                              |
| Zoning District or Planned Development #:PD 138.                                                                                                                                            |
| ls sign located in a special sign district? □ Yes 💢 No                                                                                                                                      |
| If yes: ☐ Michigan Ave. Corridor ☐ Oak St. Corridor ☐ State St./Wabash Ave. Corridor Chicago River Corridor                                                                                 |
| Total Street frontage of Zoning Lot: <u>323</u> (Ft.)                                                                                                                                       |
| Total Area of new sign: <u>みろろ</u> (Sq Ft.) Gross Area of all proposed signs: <u> </u>                                                                                                      |
| Total Area of all existing signs on Zoning Lot: (Sq Ft.)                                                                                                                                    |
| Picture or rendering must be attached depicting sign placement with before and after view.  Section 4 continues on next page                                                                |

#### CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

| Section 4 continued                                          |                                                                              |
|--------------------------------------------------------------|------------------------------------------------------------------------------|
| Distance from outer edge of sign or structure to curb i      | ine:(Ft.)                                                                    |
| Distance from Inner edge of sign or sign structure to c      | urb line:/                                                                   |
| Distance from:                                               |                                                                              |
| Public Park 10 acres or more: >1000                          | (Ft.)                                                                        |
| Public Park 2 acres or more: >1000                           | (Ft.)                                                                        |
| Expressway or Toli Road: >1000                               | (Ft.)                                                                        |
| Lake Shore Drive: >1000                                      | (Ft.)                                                                        |
| Michigan Avenue (Oak St. to Roosevelt Rd.): >100             | 0(Ft.)                                                                       |
| Residential District: >1000                                  | (Ft.)                                                                        |
| Residential building in a D district; >1000                  | (Ft.)                                                                        |
| Existing off-premise/advertising signs on same side          | of street? 🗆 Yes 🖾 No                                                        |
| In a B or C District: N/A                                    | (Ft.)                                                                        |
| In a D or M District: N/A                                    | (Ft.)                                                                        |
| Waterways: >1000                                             | (Ft.)                                                                        |
| Section 5                                                    | - Sign Permit History                                                        |
| Does the proposed sign, change, alter or replace an ex       | Isting sign? □ Yes ☒ No                                                      |
| If yes, were permits issued for the sign being replace       |                                                                              |
| If yes, please list each permit number and date each         | <del>-</del>                                                                 |
|                                                              |                                                                              |
| Permit Number: N/A Date issu                                 |                                                                              |
| Permit Number: N/A Date Issu                                 |                                                                              |
| Permit Number: N/A Date issu                                 | ed: N/A                                                                      |
| Permit Number: N/A Date issu                                 | ed: N/A                                                                      |
| Does the proposed sign change a static sign to a dy          | namic image display sign? 🗆 Yes 🖾 No                                         |
| Does the proposed sign change or alter the square for        | ootage or the height of the sign or sign structure? 🗆 Yes 🛛 No               |
| Does the proposed sign change an on-premise sign             | to an off-premise/advertising sign? 🔲 Yes 🛛 No                               |
| Section 6 - At                                               | testation and Signatures                                                     |
| We, the undersigned, under penalty of perjury, do hereby aff | firm and attest that the above information is true, complete, and correct an |
| acknowledge that incorrect information is grounds to revoke  | e or rescind a permit.                                                       |
| Owner of Real Property:                                      | Date 19/18/2022                                                              |
| Lessee of Real Property: Ratuffu                             | Date 9/11/2023                                                               |
| Expediter: N/A Date N/                                       | /A                                                                           |
| Supervising Electrician*:                                    | Date 10/19/2023  Date 10/19/2023.                                            |
| General Contractor*:                                         | Date 10/19/2023.                                                             |
| * if applicable.                                             | de plating also placement with before and often view                         |
| ricture or rendering must be attached                        | depicting sign placement with before and after view.                         |

#### CITY OF CHICAGO SIGN PERMIT APPLICATION CONTINUED

|             | For Office U                      | Se         |
|-------------|-----------------------------------|------------|
| ZONI        | NG                                | PUBLIC WAY |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
|             |                                   |            |
| _           |                                   |            |
| Review Fee: | Total Fee: \$                     |            |
|             | lotal ree: \$<br>Balance Due: \$  |            |
|             | = = = = = = = = = = = = = = = = = |            |

\* Once zoning fee is paid, this application is valid for a period of up to six months from payment date.

Applies to sign permits applied for on or after April 2, 2014.

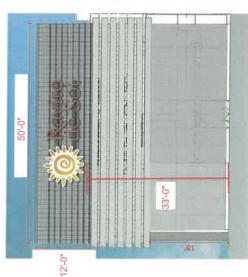
City of Chicago Mayor Rahm Emanuel



Department of Buildings Judy Frydland, Commissioner

# RAYITO DE SOL/EXTERIOR GRAPHICS PACKAGE CHANNEL LETTERS\_OVERVIEW

MOCKUP BY DAY



MOCKUP BY NIGHT



MOCKUP\_PERSPECTIVE

**ORDER NUMBER: 14393** 

Signs & Graphics

Front lit Channel Letters, mounted on a raceway.

DESCRIPTION:



TRIM DEPTH: 1" RETURN DEPTH: 5"

DIMENSIONS:

292"(W) × 115"(H) 233.19 SQ FT

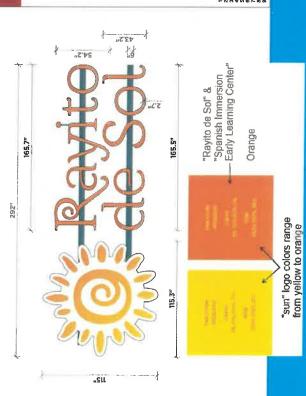
### **EXAMPLE:**



CONTACT INFO:

www.chicagosignsandgraphics.com Dick Reeves dick@mywindysigns.com 847.778.6939

## MEASUREMENTS



RETURN COLORS:

BLACK

TRIM COLORS: 2025 BLACK

C:0 M:67 Y:86 K:0

DIGITALLY

-

FACE COLORS:

1. ACRULIC PACE w/ JEWELLTE TRIMCAP 2. LED MODULES 3. TOGGI F PAREN

RACEWAY COLORS: Sherwin Williams SW 7069 Iron Ore 3







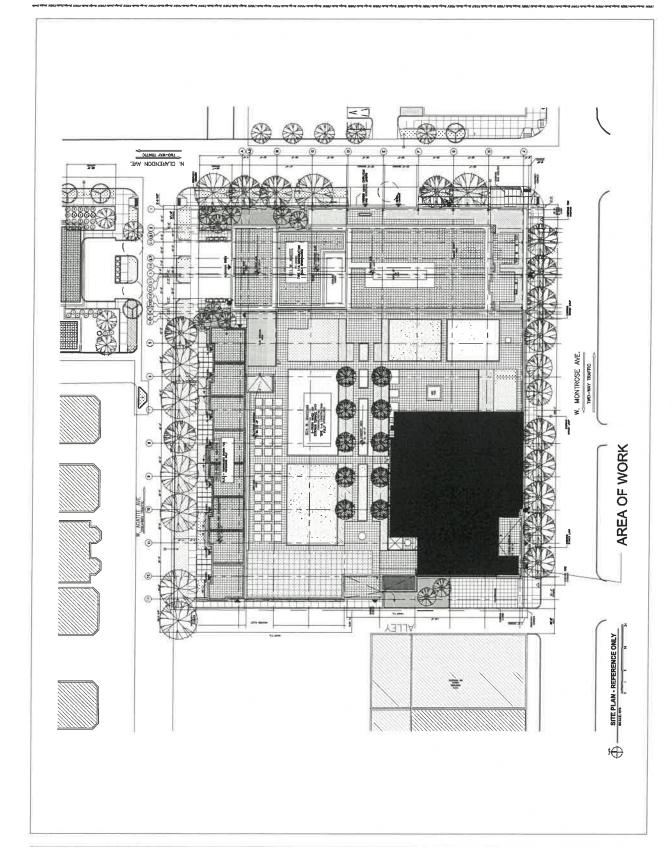












# RAYITO DE SOL/EXTERIOR GRAPHICS PACKAGE SIGN LOCATION PLAN

INSTALL ADDRESS: 804 W Montrose Ave, Chicago, IL 60613

#6 Dimensional Logo - above doors #2 Dimensional Logo - on backer board <u>∧</u> /\ (%) (3) SUMPLE CHIMALE #10 Window Vinyls # #3 Tile Graphic Vinyl #1 Exterior Sign - above Internally Illuminated (FIRST BUILDOUT) #10 Window Vinyls

#5 Vinyl "bienvenidos" on glazing

#4A Art Wall Covering



**ORDER NUMBER:** 14393

## CONTACT INFO: Dick Reeves

dick@mywindysigns.com 847.778.6939