

BLADE SIGN



DEVELOPMENT SERVICES TEAM

DEC 26 2018

18-4765

City of Naperville

APPLICATION FOR SIGN PERMIT

All Information must be completed / attached before an application will be accepted

(Office Use Only)
Permit #:

Address of Sign: 120 Water Street #100
Business/Tenant Name: Trails & Trades

Property Owner Information:

Name: Water Street Property Owner, LLC
Address: 401 S. Main St.
City: Naperville
Phone: 630-420-3077
E-mail: jprusapio@marquettecompanies.com
State: IL
Zip Code: 60540

Business Owner Information:

Name: Loren Beadle
Address: 120 Water Street
City: Naperville
Phone: 630-728-3399
E-mail: loren_beadle@ymninc.com
State: IL
Zip Code: 60546

Contractor Information:

SIGN COMPANY

ELECTRICIAN (Illuminated Signs)

Name: Olympik Signs
Address: 1130 N. Garfield
City: Lombard
State: IL Zip: 60148
Phone: 630-652-4105
E-mail: R.Whiteheadjr@olympiksigns.com

Name:
Address:
City:
State: Zip:
Phone:
Naperville Registration #:

Must be completed for all illuminated signs - Provide the information of the company installing the sign.

Permit Contact/Applicant Information:

Name: Bobby Whitehead (Olympik Signs)
Address: 1130 N. Garfield
City: Lombard
Phone: 630-652-4105
E-mail: RWhiteheadjr@olympiksigns.com
State: IL Zip Code: 60148
Fax: 630-424-6120

Sign Information

Type of Sign: Awning Ground Blade Wall Other: _____

- Sign Area (square feet): 13.3 sq. ft.
For awning signs, sign area is the measurement of the sign copy (text) and/or logo
- Tenant/Building frontage measurement (wall signs only): _____ ft.
- Sign Height (ground signs only): _____ ft.
- Height of Address Number (ground signs only): _____ in. (must be at least 5 ½")
- Lot frontage measurement of property where sign will be located (ground signs only): _____ ft.
- Vertical distance from sidewalk to bottom of sign (awning & blade signs only): 11' ft.
- Sign Material (if not included on sign plan): See attached renderings
- Illuminated: No Yes If yes, Internal External
If the sign is internally illuminated:
 - a. Name & UL Certification # of company fabricating the sign:

 - b. The Electrical Contractor's Registration form ([click here to download form](#)) must be completed if the sign company and the electrician installing the sign are not the same. **The electrician installing the sign must be currently registered to work in Naperville as an electrician.**
 - c. Illuminated signs shall produce no more than 30-foot candles when measured 4 feet from the sign.
- Are changes being made to the electric in order to install the sign: No Yes
If "Yes" – a separate [Application for Electric Permit](#) must be submitted

Supporting Documentation Required:

For All Signs - Except Ground Signs:

- a. Detailed color rendering of the sign, 2 copies.
- b. Color rendering of building elevation where sign will be installed, 2 copies.
- c. Site plan showing roadways, buildings, parking lots, the location of the business, and where the sign(s) will be installed.

For Ground Signs:

- a. Detailed color rendering of the sign, including foundation detail(s), 2 copies.
- b. Site plan showing the exact location of the proposed sign including the measurements (in feet and inches) for setbacks from all of the property lines, 2 copies.
- c. A landscape plan for the area around the base of the ground sign, 2 copies - *A landscaped area located around the base of the ground sign equal to one (1) square foot for each one (1) square foot of ground sign area is required for all ground signs. The landscaped area shall contain well maintained material including living landscape materials, architectural stones, water features or other beautification measures placed throughout the required landscape area. It is the responsibility of the property owner to ensure that landscaping is installed within 6 months from the installation of the ground sign.*
- d. A letter from the property owner stating that he/she is aware of the landscape requirement including the deadline for installation.
- e. If the ground sign contains an electronic message board (EMB) – a letter from the property/business owner stating that he/she understands that all displays must be static and are not permitted to change no more than once every ten (10) seconds.

For signs extending over a public right-of-way, the following information is required: See Attached

Insurance/Bonding Agent Name: _____ Phone: _____
Address: _____ City/State/Zip: _____
Policy Number: _____

Important Information to Applicants, Owners, and Sign Companies:

- A separate sign permit application must be submitted for each sign.
- An application will NOT be accepted without all required supporting documents and the \$38.00 application fee (per sign).
- No sign may be erected, altered or relocated without an approved permit issued by the City of Naperville. Any violation of this code may result in fines of up to \$500.00.
- The sign permit application must be submitted in person at the T.E.D. Development Services counter, 1st Floor, Naperville Municipal Center, 400 S. Eagle Street. Please call the Planning Services Team at (630) 420-6100 – Option 5, if you have questions.
- If the approved plans change and the sign will not be installed after the application has been approved, the Planning Services Team must be contacted at (630) 420-6100 – Option 5.
- Insuring the application is properly completed and all required supporting documents identified herein will assist in the review process and reduce delays.

Inspection Process:

Illuminated Sign:


- A \$90.00 (per sign) Inspection Fee must be paid before the permit will be issued.
- All signs must pass an electrical inspection and conform to all applicable provisions of the national electrical code.
- The inspection must be scheduled through Inspection Dispatch at (630) 420-6100 – Option 1.
- The City's Electrical Inspector must be on site for the day/time the sign is installed.
- The permit will not be considered complete until such inspection has been passed.


Non-Illuminated Sign:

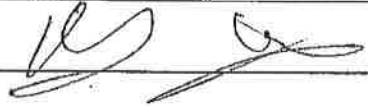
- A \$45.00 (per sign) Inspection Fee must be paid before the permit will be issued.
- Please call the Planning Services Team at (630) 420-6100 – Option 5, after the sign has been installed.
- The permit will not be considered complete until such inspection has been passed.

Required Signatures:

The undersigned agrees that the proposed sign described in this application for which this permit is applied for will be constructed in all respects in accordance with the plans and specifications submitted herewith, and in accordance with the provisions and regulations of the City of Naperville Municipal Code, applicable thereto in force when construction is commenced and further agrees that in the event of any variance or conflict between the plans and specifications submitted herewith, and the provisions or regulations of said ordinances and/or codes pertaining to such construction, that the provisions or regulations contained in said ordinances shall govern and shall be followed.

Signature of Tenant/Lessee:  (Agent) Date: 12-26-18

Signature of Property Owner:  (Agent) Date: 12-26-18

Signature of Applicant:  Date: 12-26-18

The application will not be accepted without all of the above signatures



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2018

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

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

PRODUCER Esser Hayes Insurance 1811 High Grove, Suite 139 Naperville IL 60540-9100	CONTACT NAME: PHONE (A/C, No, Ext): 630-355-2077		FAX (A/C, No): 630-355-7996
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : West Bend Mutual Insurance Company			15350
INSURED OLYMP-3 Olympic Signs, Inc. 1130 North Garfield Lombard IL 60148	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1922597321

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			2068596	2/20/2018	2/20/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			2068596	2/20/2018	2/20/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			2068596	2/20/2018	2/20/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2068597	2/20/2018	2/20/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	LEASED EQUIPMENT			2068596	2/20/2018	2/20/2019	25,000	1,000 DED
A	HIRED PHYSICAL DAMAGE			2068596	2/20/2018	2/20/2019	50,000	1,000 DED
A	INSTALLATION FLOATER			2068596	2/20/2018	2/20/2019	25,000	

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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