



161 N. Clark Street, Suite 4200, Chicago, IL 60601-3316 • 312.819.1900

September 6, 2013

Charles P. Sheets  
(312) 873-3605  
csheets@polsinelli.com

Via Federal Express

**RECEIVED**

SEP 10 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Ms. Alexis Kendrick, Esquire  
Illinois Health Facilities and Services Review Board  
122 South Michigan Avenue, 7th Floor  
Chicago, IL 60603

**Re: DaVita Logan Square - Project # 11-109**

Dear Ms. Kendrick:

Please accept this letter as DaVita Logan Square's response to the Board's inquiry regarding the change of address of the above referenced project from 2816 North Kimball to 2838 North Kimball. We have set forth a timeline below that we hope will explain how the numbered address for the property changed during the project development.

1. On or about November 7, 2011 the Zoning Application was filed with the City of Chicago for an amendment to the Chicago Zoning Ordinance identifying the property to be zoned as 2816 North Kimball Avenue. (Attachment 1)
2. On December 2, 2011 the CON application was filed with the Board identifying the parcel with the address of 2816 North Kimball Avenue, and including a site drawing showing the exact location of the parcel to be developed. (See Attachment 2)
3. During the first week of December 2011 several follow up letters were filed with the zoning department identifying the property as 2816 North Kimball Avenue. (See Attachment 3)
4. On January 10, 2012 Alderman Colon filed a support letter with the City of Chicago Zoning Committee identifying the property to be developed as 2816 North Kimball Avenue. (See Attachment 4)
5. On February 28, 2012 the Board issued a permit to Project 11-109 identifying the property to be developed as 2816 North Kimball Avenue. (See Attachment 5)
6. On March 29, 2012 the Title Company issued a Policy that identified the parcel with a legal description. (See Attachment 6)

Ms. Alexis Kendrick  
September 6, 2013  
Page 2

7. On or about April 16, 2012 the building permit application was submitted to the City of Chicago identifying the property to be developed as 2816 North Kimball Avenue. (See Attachment 7)

8. On August 8, 2012 the City of Chicago Department of Buildings prepared a Final Plan Approval for the project identifying the property to be developed as 2816 North Kimball Avenue. This Final Plan included a drawing of the site identifying the property as the same property identified in the original CON application. (See Attachment 8)

9. On November 29, 2012 the City of Chicago issued a House Number Certificate for the property stating that the number of the building must be between 2824-2858 North Kimball. The developer chose the number 2838. (See Attachment 9)

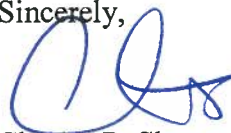
10. Google Maps photo of the parcel before the development. (See Attachment 10)

11. Current Photos of the parcel fully developed. (See Attachment 11).

In conclusion, as you can see from the events depicted above, the site location remained the same throughout the development. The City of Chicago determined that it wanted a more appropriate street number for the property.

Thank you in advance for your consideration of this submission. Should you need any further information please do not hesitate to contact me at the above number.

Sincerely,



Charles P. Sheets

CPS:  
Enclosures

CITY OF CHICAGO

APPLICATION FOR AN AMENDMENT TO  
THE CHICAGO ZONING ORDINANCE

1. ADDRESS of the property Applicant is seeking to rezone:  
2816 North Kimball Avenue Chicago, IL 60647
2. Ward Number that property is located in: 35th Ward
3. APPLICANT Clark Street Development, LLC  
ADDRESS 980 North Michigan Ave. #980 CITY Chicago  
STATE IL ZIP CODE 60611 PHONE 312-377-9100  
EMAIL \_\_\_\_\_ CONTACT PERSON Andy Stein
4. Is the applicant the owner of the property? YES \_\_\_\_\_ NO X  
If the applicant is not the owner of the property, please provide the following information regarding the owner and attach written authorization from the owner allowing the application to proceed.  
OWNER FirstMerit Bank, N.A.  
ADDRESS III Cascade Plaza, CAS 81 CITY Akron  
STATE OH ZIP CODE 44308 PHONE 330-384-7233  
EMAIL 330-384-7133 CONTACT PERSON Bob L'Esperance
5. If the Applicant/Owner of the property has obtained a lawyer as their representative for the rezoning, please provide the following information:  
ATTORNEY Katriina McGuire/Schain Burney Banks & Kenny, Ltd.  
ADDRESS 70 West Madison, #4500  
CITY Chicago STATE IL ZIP CODE 60602  
PHONE 312-345-5700 FAX 312-345-5701 EMAIL kmcquire@sbbklaw.com

①

6. If the applicant is a legal entity (Corporation, LLC, Partnership, etc.) please provide the names of all owners as disclosed on the Economic Disclosure Statements.

Managers: Richard Hulina and E. Thomas Collins

Members: Collins Family Limited Partnership,

Hulina Family Limited Partnership, Fritz L. Duda Jr.,

John Collins, Peter Eisenberg, James Kirtzweil and

Andy Stein

7. On what date did the owner acquire legal title to the subject property? April 5, 2010

8. Has the present owner previously rezoned this property? If yes, when?

No

9. Present Zoning District RS-3 Proposed Zoning District B1-1

10. Lot size in square feet (or dimensions) 30,108 square feet

11. Current Use of the property Vacant

12. Reason for rezoning the property Develop property for medical service building.


13. Describe the proposed use of the property after the rezoning. Indicate the number of dwelling units; number of parking spaces; approximate square footage of any commercial space; and height of the proposed building. (BE SPECIFIC)  
Applicant will construct a 9100 square foot single level building to be used as a dialysis center. There will be an attached parking lot containing 32 parking spaces.

14. On May 14<sup>th</sup>, 2007, the Chicago City Council passed the Affordable Requirements Ordinance (ARO) that requires on-site affordable housing units or a financial contribution if residential housing projects receive a zoning change under certain circumstances. Based on the lot size of the project in question and the proposed zoning classification, is this project subject to the Affordable Requirements Ordinance? (See Fact Sheet for more information)

YES \_\_\_\_\_ NO x

COUNTY OF COOK  
STATE OF ILLINOIS

Andrew Stein, being first duly sworn on oath, states that all of the above statements and the statements contained in the documents submitted herewith are true and correct.

  
\_\_\_\_\_  
Signature of Applicant

Subscribed and Sworn to before me this  
11<sup>th</sup> day of November, 2011.

Anel Medina  
\_\_\_\_\_  
Notary Public



**For Office Use Only**

Date of Introduction: \_\_\_\_\_  
File Number: \_\_\_\_\_  
Ward: \_\_\_\_\_

**ORIGINAL**

11-109

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**RECEIVED**

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 02 2011

- This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: Logan Square Dialysis		
Street Address: 2816 N. Kimball Avenue		
City and Zip Code: Chicago, IL 60618		
County: Cook	Health Service Area 006	Health Planning Area:

**Applicant /Co-Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: Total Renal Care, Inc.
Address: 1551 Wewatta Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 1551 Wewatta Street, Denver, CO 80202
Telephone Number: (303) 405-2100

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]


Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

**Additional Contact**

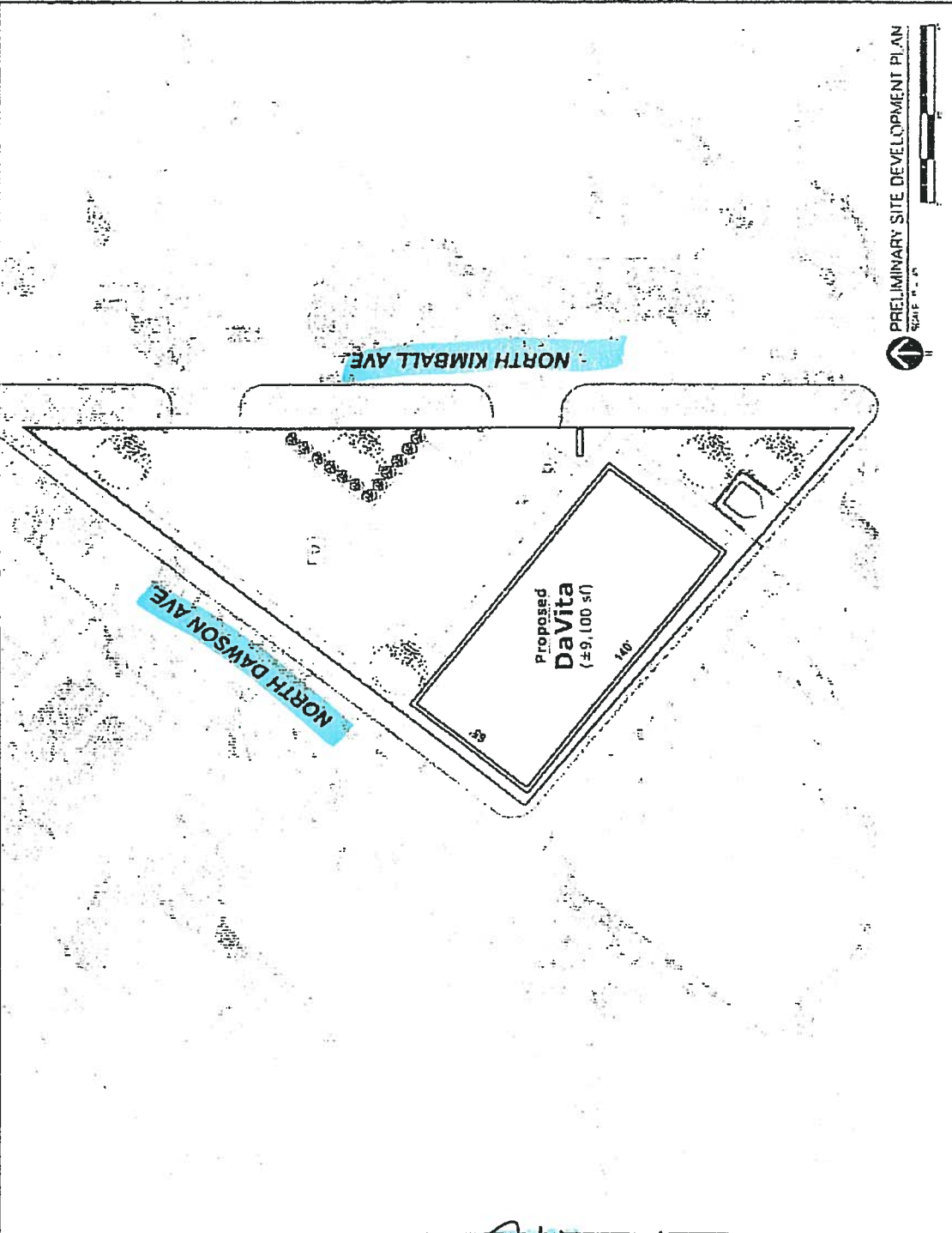
[Person who is also authorized to discuss the application for permit]

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 2 <sup>nd</sup> Floor, Chicago, Illinois 60647
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

(2)

 CLAPS STREET 10000 100th Ave NE Redmond, WA 98073 (206) 881-1000	<b>ethos   workshop</b>	
	Project No. 10000 100th Ave NE Date 10/15/2014	Project Name Client Location City State Zip
<b>PROJECT DATA</b>		
<b>PARKING</b> Type of Parking Number of Spaces Location of Spaces Notes		
<b>BUILDING AREA</b> Use Building Footprint Total Building Area Total Building Volume Notes		
<b>ZONING</b> Zoning District Permitted Uses Maximum Building Height Maximum Floor Area Ratio Maximum Lot Coverage Maximum Setback Notes		

SCHEME 5



34

December 7, 2011

Ms. Patricia Scuderio  
Zoning Administrator  
Room 900 - City Hall  
Chicago, Illinois 60602

Dear Ms. Scuderio:

The undersigned, Katriina S. McGuire, being first duly sworn on oath, deposes and says the following:

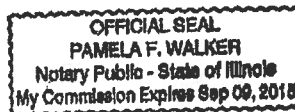
That the undersigned certifies that she has complied with the requirements of Section 17-13-0107-A of the Chicago Zoning Ordinance, by serving written notice via United States Postal Service first class mail on the owners of all property within 250 feet in each direction of the lot lines of the subject property located at 2816 North Kimball Avenue, that the notice contained the address of the location for which the zoning amendment is requested, a brief statement of the nature of the zoning amendment, the name and address of the owner and applicant of the subject property, a statement that the applicant intends to file a zoning amendment on approximately December 7, 2011; that the applicant has made a bona fide effort to determine the addresses of parties to be notified under the above ordinance; that the applicant certifies that the accompanying list of names and addresses of surrounding property owners within 250 feet is a complete list containing the names and last known addresses of the owners of the property required to be served and that the applicant has furnished in addition to a list of the last known owners and addresses, a list of the method of service (United States Postal Service first class mail).



Katriina S. McGuire,  
Attorney for Applicant and  
Contract Purchaser

Subscribed and Sworn to before me  
this 7<sup>th</sup> day of December, 2011

Pamela J. Walker  
Notary Public





December 7, 2011

Dear Sir/Madam:

In accordance with the Amendment to the Zoning Code enacted by the City Council, Section 17-13-0107-A of the Chicago Zoning Ordinance please be advised that on or about December 7, 2011, I, the undersigned, will file an application for a zoning amendment to the property located at 2816 N. Kimball Avenue.

The purpose of the zoning amendment is to change the zoning from RS-3 to B1-1 to allow a medical service building with an attached parking lot for 26 spaces.

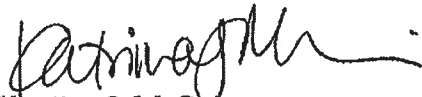
The applicant is Clark Street Development, LLC located at 980 North Michigan Avenue, Suite #1280 Chicago, IL 60611.

The owner of the subject property is FirstMerit Bank, N.A. located at III Cascade Plaza, CAS 81 Akron OH 44308. Clark Street Development, LLC is the Contract Purchaser of the subject property.

I am the duly authorized attorney for the applicant. My address is 70 West Madison, Suite 4500 Chicago, Illinois 60602. My phone number is (312) 345-5700.

PLEASE NOTE THAT THE APPLICANT IS NOT SEEKING TO PURCHASE OR REZONE YOUR PROPERTY. THE APPLICANT IS REQUIRED BY LAW TO SEND YOU THIS NOTICE BECAUSE YOU OWN PROPERTY LOCATED WITHIN 250 FEET OF THE SUBJECT PROPERTY.

Very truly yours,



Katrina S. McGuire,  
Attorney for Applicant and Contract Purchaser

December 1, 2011

Zoning Board of Appeals  
Room 905 - City Hall  
Chicago, Illinois 60602


Board Members:

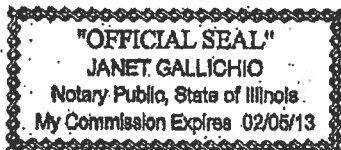
I, Stephen J. Shockey, am a Senior Vice President of FirstMerit Bank, N.A., the legal title holder of the property located at 2816 N. Kimball Avenue in Chicago, Illinois.

I understand that Katriina S. McGuire of Schain, Burney, Banks & Kenny, Ltd. has filed a sworn affidavit identifying FirstMerit Bank, N.A. as the owner of 2816 N. Kimball Avenue, the land subject to the zoning amendment. I further understand that Clark Street Development, LLC has been identified as the applicant of the proposed zoning amendment application. On behalf of FirstMerit Bank, N.A., I consent to the filing of the application.

  
\_\_\_\_\_  
Stephen J. Shockey, Senior Vice  
President FirstMerit Bank, N.A.

SUBSCRIBED AND SWORN to before  
me this 1<sup>ST</sup> day of DECEMBER, 2011

  
\_\_\_\_\_  
NOTARY PUBLIC



**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:**

**SECTION 1.** That the Chicago Zoning Ordinance be amended by changing all the RS-3 Residential Single-Unit (Detached Houses) District symbols and indications as shown on Map No. 7-J in the area bound by:

North Dawson Avenue. North Kimball Avenue. The 12 foot public alley southwest of the intersection of North Dawson Avenue and North Kimball Avenue. Running in a northwesterly direction to North Dawson Avenue.

to those of a B1-1 Neighborhood Shopping District, and a corresponding use district is hereby established in the area above described.

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





**REY COLÓN**

**ALDERMAN  
35<sup>TH</sup> WARD**

**SERVICE OFFICE**

2710 N. SAWYER  
CHICAGO, IL 60647  
(773) 365-3535  
(773) 365-7391 (FAX)  
www.reycolon.org

**CITY OF CHICAGO  
CITY COUNCIL**

CITY HALL, ROOM 203  
121 N. LA SALLE STREET  
CHICAGO, IL 60602

**COMMITTEE  
MEMBERSHIPS**

**RULES AND ETHICS**

**ECONOMIC, CAPITAL  
AND  
TECHNOLOGY  
DEVELOPMENT**

**FINANCE**

**HEALTH**

**HISTORICAL LANDMARK  
PRESERVATION**

**HUMAN RELATIONS**

**SPECIAL EVENTS  
AND  
CULTURAL AFFAIRS**

**ZONING**

January 10, 2012

Daniel Solis  
Chairman  
City of Chicago  
Committee on Zoning  
121 North LaSalle Street, Rm. 304  
Chicago, IL 60602

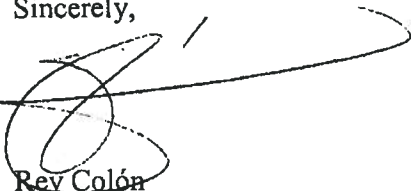
Re: **2816 N. Kimball**  
Proposed Zoning Change  
Application # 17387

Dear Chairman Solis,

Please be advised that I have no objection to the above zoning amendment application, to classify as a B1-3, instead of an RS-3. The reason for the zoning amendment is to allow the construction of a new medical facility which will in return be of great benefit to the community.

Thank you for your assistance in this matter. If you have any questions or desire any further information, please contact me at 773-365-3535.

Sincerely,

  
Rey Colón  
Alderman, 35<sup>th</sup> Ward

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STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

February 29, 2012

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Kara M. Friedman, Attorney  
Polsinelli & Shughart PC  
161 North Clark Street, Suite 4200  
Chicago, IL 60601

**RE: PERMIT: #11-109 Logan Square Dialysis**

Dear Ms. Friedman:

On February 28, 2012, the Illinois Health Facilities and Services Review Board approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- **PROJECT**: #11-109 - Logan Square Dialysis - The permit holders are approved to discontinue a 20-station ESRD facility located at 2659 North Milwaukee Avenue, Chicago, Illinois and establish a 28-station end stage renal dialysis (ESRD) facility, located at 2816 North Kimball Avenue, Chicago, Illinois. The operating entity is Total Renal Care, Inc. and the owner of the site is Clark Street Development, LLC.
- **PERMIT HOLDERS**: Total Renal Care, Inc. and DaVita, Inc. 1551 Wewatta Street, Denver, Illinois
- **PERMIT AMOUNT**: \$4,781,539
- **PROJECT OBLIGATED BY**: August 28, 2013
- **PROJECT COMPLETION DATE**: December 31, 2013

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and is not transferable or assignable. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130.

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The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated by the Project Obligation Date, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730. Obligation is to be reported as part of the first annual progress report for permits requiring obligation within 12 months after issuance. For major construction projects which require obligation within 18 months after permit issuance, obligation must be reported as part of the second annual progress report. If project completion is required prior to the respective annual progress report referenced above, obligation must be reported as part of the notice of project completion. The reporting of obligation must reference a date certain when at least 33% of total funds assigned to project cost were expended or committed to be expended by signed contracts or other legal means.

2. ANNUAL PROGRESS REPORT-PART 1130.760


An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify IHFSRB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Please note the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been completed. Should you have any questions regarding the permit requirements, please contact Mike Constantino at 217-782-3516.

Sincerely,

  
Courtney Avery, Administrator  
Illinois Health Facilities and Services Review Board

cc: Dale Galassie, Chairman

**OWNER'S POLICY OF TITLE INSURANCE**

Issued by

**GREATER ILLINOIS TITLE COMPANY**

Any notice of claim and any other notice or statement in writing required to be given the Company under this Policy must be given to the Company at the address shown in Section 18 of the Conditions.

**COVERED RISKS**

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, CHICAGO TITLE INSURANCE COMPANY (THE "COMPANY") INSURES, AS OF DATE OF POLICY AND, TO THE EXTENT STATED IN COVERED RISKS 9, AND 10, AFTER DATE OF POLICY, AGAINST LOSS OR DAMAGE, NOT EXCEEDING THE AMOUNT OF INSURANCE, SUSTAINED, OR INCURRED BY THE INSURED BY REASON OF:

1. Title being vested other than as stated in Schedule A.
2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from
  - (a) A defect in the Title caused by
    - (i) forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
    - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
    - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized, or delivered;
    - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
    - (v) a document executed under a falsified, expired, or otherwise invalid power of attorney;
    - (vi) a document not properly filed, recorded, or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
    - (vii) a defective judicial or administrative proceeding.
  - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
  - (c) Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land. The term "encroachment" includes encroachments of existing improvements located on the Land onto adjoining land, and encroachments onto the Land of existing improvements located on adjoining land.
3. Unmarketable Title.
4. No right of access to and from the Land.
5. The violation or enforcement of any law, ordinance, permit, or governmental regulation (including those relating to building and zoning) restricting, regulating, prohibiting, or relating to
  - (a) the occupancy, use, or enjoyment of the Land;
  - (b) the character, dimensions, or location of any improvement erected on the Land;
  - (c) the subdivision of land; or
  - (d) environmental protectionif a notice, describing any part of the Land, is recorded in the Public Records setting forth the violation or intention to enforce, but only to the extent of the violation or enforcement referred to in that notice.



**OWNER'S POLICY (2006)**

- 6. An enforcement action based on the exercise of a governmental police power not covered by Covered Risk 5 if a notice of the enforcement action, describing any part of the Land, is recorded in the Public Records, but only to the extent of the enforcement referred to in that notice.
- 7. The exercise of the rights of eminent domain if a notice of the exercise, describing any part of the Land, is recorded in the Public Records.
- 8. Any taking by a governmental body that has occurred and is binding on the rights of a purchaser for value without Knowledge.
- 9. Title being vested other than as stated Schedule A or being defective
  - (a) as a result of the avoidance in whole or in part, or from a court order providing an alternative remedy, of a transfer of all or any part of the title to or any interest in the Land occurring prior to the transaction vesting Title as shown in Schedule A because that prior transfer constituted a fraudulent or preferential transfer under federal bankruptcy, state insolvency, or similar creditors' rights laws; or
  - (b) because the instrument of transfer vesting Title as shown in Schedule A constitutes a preferential transfer under federal bankruptcy, state insolvency, or similar creditors' rights laws by reason of the failure of its recording in the Public Records
    - (i) to be timely, or
    - (ii) to impart notice of its existence to a purchaser for value or to a judgment or lien creditor.
- 10. Any defect in or lien or encumbrance on the Title or other matter included in Covered Risks 1 through 9 that has been created or attached or has been filed or recorded in the Public Records subsequent to Date of Policy and prior to the recording of the deed or other instrument of transfer in the Public Records that vests Title as shown in Schedule A.

The Company will also pay the costs, attorneys' fees, and expenses incurred in defense of any matter insured against by this Policy, but only to the extent provided in the Conditions.

IN WITNESS WHEREOF, CHICAGO TITLE INSURANCE COMPANY has caused this policy to be signed and sealed by its duly authorized officers.

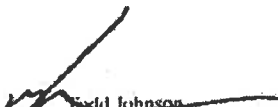
**ISSUED BY:  
GREATER ILLINOIS TITLE COMPANY  
120 N. LA SALLE, SUITE 900  
CHICAGO, IL 60602**

Refer Inquiries To:  
(312)236-7300 FAX:(312)236-0284

**CHICAGO TITLE INSURANCE COMPANY**



By:   
Raymond R. Quirk  
President

By:   
David Johnson  
Secretary

GREATER ILLINOIS TITLE COMPANY  
OWNER'S POLICY (2006)  
SCHEDULE A

POLICY #: 1301 - 004405754 - GITL

DATE OF POLICY: MARCH 29, 2012

AMOUNT OF INSURANCE: [REDACTED]

ISSUED BY:  
GREATER ILLINOIS TITLE COMPANY  
120 N. LA SALLE, SUITE 900  
CHICAGO, IL 60602

Refer Inquiries To:  
(312)236-7300 FAX:(312)236-0284

1. NAME OF INSURED:  
CSD KIMBALL LLC, AN ILLINOIS LIMITED LIABILITY COMPANY

2. THE ESTATE OR INTEREST IN THE LAND THAT IS INSURED BY THIS POLICY IS:  
FEE SIMPLE

3. TITLE IS VESTED IN:  
THE INSURED

4. THE LAND HEREIN DESCRIBED IS ENCUMBERED BY THE FOLLOWING MORTGAGE OR TRUST DEED  
AND ASSIGNMENTS:

CONSTRUCTION MORTGAGE AND SECURITY AGREEMENT DATED AS OF MARCH 15, 2012 AND RECORDED  
MARCH 29, 2012 AS DOCUMENT NO. 1208947042 MADE BY CSD KIMBALL LLC, AN ILLINOIS  
LIMITED LIABILITY COMPANY, TO THE PRIVATEBANK AND TRUST COMPANY, AN ILLINOIS BANKING  
CORPORATION, TO SECURE AN INDEBTEDNESS OF [REDACTED]

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

GREATER ILLINOIS TITLE COMPANY  
OWNER'S POLICY (2006)  
SCHEDULE A (CONTINUED)

POLICY #: 1301 - 004405754 - GITL

5. THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

LOTS 63 TO 67 INCLUSIVE, AND THAT PART OF LOTS 48 TO 52 INCLUSIVE AND LOTS 68 TO 72 INCLUSIVE, LYING WESTERLY OF KIMBALL AVENUE, AS OPENED BY CONDEMNATION PROCEEDINGS, ORDINANCE PASSED BY THE CITY COUNCIL DECEMBER 10, 1924, ORDER OF POSSESSION JUNE 13, 1932 COUNTY COURT GENERAL NUMBER 53146, TOGETHER WITH THE VACATED PUBLIC ALLEY, VACATED BY ORDINANCE PASSED SEPTEMBER 25, 1958 AND RECORDED IN THE RECORDERS OFFICE OF COOK COUNTY, ILLINOIS, NOVEMBER 4, 1958 AS DOCUMENT NUMBER 17368259 IN STORY AND ALLEN'S SUBDIVISION OF LOT 10 OF BRAND'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, TAKEN AS A TRACT AND BOUNDED AND DESCRIBED AS FOLLOWS: BEGINNING AT THE MOST WESTERLY CORNER OF LOT 63; THENCE SOUTHEASTERLY ALONG THE SOUTHWESTERLY LINE OF LOT 63 AND SAID LINE EXTENDED ACROSS VACATED ALLEY TO THE MOST WESTERLY CORNER OF LOT 52 AND ALONG THE SOUTHWESTERLY LINE OF LOT 52 TO THE WEST LINE OF KIMBALL AVENUE AS OPENED AS AFOREMENTIONED; THENCE NORTH ALONG THE WEST LINE OF KIMBALL AVENUE, A DISTANCE OF 308 FEET 8 AND 3/4 INCHES; THENCE NORTHWESTERLY ALONG A STRAIGHT LINE TO A POINT ON THE NORTHWESTERLY LINE OF LOT 72, 228 FEET 5 AND 5/8 INCHES NORTHEASTERLY OF THE POINT OF BEGINNING; THENCE SOUTHWESTERLY ALONG THE NORTHWESTERLY LINE OF LOTS 63 TO 72, A DISTANCE OF 228 FEET 5 AND 5/8 INCHES TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

**GREATER ILLINOIS TITLE COMPANY**  
**OWNER'S POLICY (2006)**  
**SCHEDULE B**

POLICY #: 1301 - 004405754 - GITL

NOTWITHSTANDING THE PROVISIONS OF THE CONDITIONS OF THIS POLICY, ALL ENDORSEMENTS, IF ANY, ATTACHED HERETO ARE VALID DESPITE THE LACK OF SIGNATURE BY EITHER THE PRESIDENT, A VICE PRESIDENT, THE SECRETARY, AND ASSISTANT SECRETARY OR VALIDATING OFFICER OR AUTHORIZED SIGNATORY OF THE COMPANY.

**EXCEPTIONS FROM COVERAGE**

THIS POLICY DOES NOT INSURE AGAINST LOSS OR DAMAGE, THE COMPANY WILL NOT PAY COSTS, ATTORNEY'S FEES OR EXPENSES THAT ARISE BY REASON OF:

**GENERAL EXCEPTIONS:**

- (1) RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN BY PUBLIC RECORDS.
- (2) ANY ENCROACHMENT, ENCUMBRANCE, VIOLATION, VARIATION, OR ADVERSE CIRCUMSTANCE AFFECTING THE TITLE THAT WOULD BE DISCLOSED BY AN ACCURATE AND COMPLETE LAND SURVEY OF THE LAND.
- (3) EASEMENTS, OR CLAIMS OF EASEMENTS, NOT SHOWN BY PUBLIC RECORDS.
- (4) ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.
- (5) TAXES OR SPECIAL ASSESSMENTS WHICH ARE NOT SHOWN AS EXISTING LIENS BY THE PUBLIC RECORDS.

**SPECIAL EXCEPTIONS: THE MORTGAGE, IF ANY, REFERRED TO IN ITEM 4 OF SCHEDULE A.**

- o 6. GENERAL REAL ESTATE TAXES FOR THE YEARS 2011 AND 2012.  
TAX NO. 13 26 218 102 (AFFECTS SUBJECT LAND AND OTHER LAND), VOL. 354.

NOTE: THE FIRST INSTALLMENT OF THE 2011 TAXES IS PAID.

NOTE: THE SECOND INSTALLMENT OF THE 2011 TAXES AND THE 2012 TAXES ARE NOT YET DUE AND PAYABLE.

- AK 7. COLLATERAL ASSIGNMENT OF RENTS AND LEASES DATED AS OF MARCH 15, 2012 AND RECORDED MARCH 29, 2012 AS DOCUMENT NO. 1208947043 MADE BY CSD KIMBALL LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, TO THE PRIVATEBANK AND TRUST COMPANY, AN ILLINOIS BANKING CORPORATION.
- AL 8. SECURITY INTEREST OF THE PRIVATEBANK AND TRUST COMPANY, AN ILLINOIS BANKING CORPORATION, UNDER A FINANCING STATEMENT EXECUTED BY CSD KIMBALL LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AND RECORDED MARCH 29, 2012 AS DOCUMENT NO. 1208947044.
- AK 9. UNRECORDED LEASE TO TOTAL RENAL CARE, INC., AS DISCLOSED BY THE SUBORDINATION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT DATED MARCH 15, 2012 AND RECORDED MARCH 29, 2012 AS DOCUMENT NO. 1208947045.
- E 10. EXISTING UNRECORDED LEASES, IF ANY.
- F 11. RIGHTS OF THE PUBLIC OR QUASI-PUBLIC UTILITIES, IF ANY, IN THE VACATED ALLEY DESCRIBED IN EXHIBIT A HEREOF FOR MAINTENANCE THEREIN OF POLES, CONDUITS, SEWERS, ETC.

GREATER ILLINOIS TITLE COMPANY  
OWNER'S POLICY (2006)  
SCHEDULE B

POLICY #: 1301 - 004405754 - GYIL

EXCEPTIONS FROM COVERAGE (CONTINUED)

- o 12. CHICAGO TRANSIT AUTHORITY FACILITIES, INCLUDING SUBWAYS, UNDERGROUND DUCT LINES AND INCIDENTAL FACILITIES MAY AFFECT THE LAND, AS SHOWN ON THE SURVEY BY V3 ENGINEERS SCIENTISTS SURVEYORS, PROJECT NO. 11171 DATED JANUARY 11, 2012.
- x 13. ENCROACHMENT OF FENCE BELONGING TO SUBJECT LAND OVER AND ONTO THE KIMBALL AVENUE RIGHT OF WAY EAST AND ADJOINING A DISTANCE OF 1.75 FEET, MORE OR LESS, AS DISCLOSED BY THE SURVEY BY V3 ENGINEERS SCIENTISTS SURVEYORS, PROJECT NO. 11171 DATED JANUARY 11, 2012..
- s 14. RIGHTS, IF ANY, DISCLOSED BY THE PRESENCE OF AN OVERHEAD LINE CROSSING THE MOST SOUTHERLY CORNER OF THE LAND, AS SHOWN ON THE SURVEY BY V3 ENGINEERS SCIENTISTS SURVEYORS, PROJECT NO. 11171 DATED JANUARY 11, 2012.
- x 15. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.

\*\*\* END OF SCHEDULE B\*\*\*


**GREATER ILLINOIS TITLE COMPANY**

**POLICY SIGNATURE PAGE**

**POLICY #: 1301 - 004405754 - GFTL**

THIS POLICY SHALL NOT BE VALID OR BINDING UNTIL SIGNED BY AN AUTHORIZED SIGNATORY.

**GREATER ILLINOIS TITLE COMPANY**

  
BY \_\_\_\_\_

**AUTHORIZED SIGNATORY**

**ISSUED BY:  
GREATER ILLINOIS TITLE COMPANY  
120 N. LA SALLE, SUITE 900  
CHICAGO, IL 60602**

**Refer Inquiries To:  
(312)236-7300 FAX:(312)236-0284**



CITY OF CHICAGO

# DEPARTMENT OF BUILDINGS

## Building Permit Application

USE BLACK INK:

DO NOT WRITE IN SHADED AREA

APPLICATION PERMIT NO.: **100435365**

DS APPLICATION NO.:

DATE ISSUED:

HOLDS:

	Y	N	
Stop Order(s):			Violations
Landmark			Special Admn. Hold
Lakefront Prot.			Other
Flood Plain			

### 1. GENERAL INFORMATION

(Provide Original House Number Certificate for new construction.)

Address: Please enter two if a corner property.

**2816 N Kimball Ave**

Property Index Number(s) (PIN) (required):

1. **13-26-218-102-0000**

Number of dwelling units, number of stories, building use, description of proposed work and parking:  
**Erect foundation and 1-story slab on grade Shell for proposed medical center per plans.**

2. \_\_\_\_\_

3. \_\_\_\_\_

Enter permit number if revision to an existing permit:

4. \_\_\_\_\_

Cost of Construction:

### 2. CLASSIFICATION BY OCCUPANCY:

<input type="checkbox"/> A Residential	<input type="checkbox"/> D Open Air Assembly	<input type="checkbox"/> H1 Storage Low Hazard
<input type="checkbox"/> A2 Residential	<input checked="" type="checkbox"/> E Business	<input type="checkbox"/> H2 Storage Moderate Hazard
<input type="checkbox"/> B Institutional	<input type="checkbox"/> F Mercantile	<input type="checkbox"/> H3 Garages
<input type="checkbox"/> C1 Assembly	<input type="checkbox"/> Private Garage	<input type="checkbox"/> 1 Hazardous
<input type="checkbox"/> C2 Assembly	<input type="checkbox"/> G1 Industrial Low Hazard	<input type="checkbox"/> J Miscellaneous Building
<input type="checkbox"/> C3 Assembly	<input type="checkbox"/> G2 Industrial Moderate Hazard	<input type="checkbox"/> Technology Center

### 3A. BUILDING INFORMATION FOR EXISTING BUILDING:

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Existing										

### 3B. BUILDING INFORMATION FOR NEW CONSTRUCTION (IF APPLICABLE):

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Addition										
New Bldg. (Front or Rear)	<b>1-A</b>	<b>1</b>	<b>0</b>	<b>-</b>	<b>1</b>	<b>140'</b>	<b>65'</b>	<b>15'-9"</b>	<b>9100</b>	<b>143,325</b>
Detached Garage										
Fence										
Trash Enclosure										

### 3C. BUILDING INFORMATION FOR RENOVATION (IF APPLICABLE):

	Const. Class.	No. Stories	Basements	No. D.U.	No. Comm. Units	Width	Length	Height	Area (sf)	Volume (cf)
Area to be Renovated										

7

**4. ZONING INFORMATION: (See Site Plan in Drawings of lot and buildings, showing dimensions, streets, alleys, setbacks, existing landscaping and north arrow.)**

Plat of Survey:	Area of Lot:
Plate Number:	Height of Building:
Zoning District/P.D. #:	Area and Volume of Building:
Zoning Use:	Number of Parking Spaces:
Front or Rear Building:	Number of Loading Spaces:
Special Zoning Permission Required for Administrative Adjustment, Variance or Special Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Case Number:	
Comments Section:	
Signature of Approval:	Date:

**5. FIRE PREVENTION ITEMS:**

	Yes	No			
Existing Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flammable Liquids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Install Full Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Corrosive Liquids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Install Partial Sprinkler System (Designate Areas to be Sprinklered):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Chemicals	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extend Existing Sprinkler System (Designate Areas to be Sprinklered):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oxidizing Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relocate Sprinkler Heads Only	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Highly Flammable Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Existing Standpipe System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fume Hazardous Gases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Install New Standpipe System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flammable Compressed Gases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Existing Fire Alarm System (Choose One): <input type="checkbox"/> Class I <input type="checkbox"/> High Rise <input type="checkbox"/> Class II <input type="checkbox"/> Other, clarify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dust Producing Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Install New Fire Alarm System (Choose One): <input type="checkbox"/> Class I <input type="checkbox"/> High Rise <input type="checkbox"/> Class II <input type="checkbox"/> Other, clarify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is this permit for modifications to the building in order to pass the Life Safety Evaluation as per code section 34 (13-196-206)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>





**8. REMARKS AND APPROVALS**

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

Remarks By:

Date:

### 9. CONTACT INFORMATION

Owner/Tenant/Agent: **CSD Kimball LLC** - **David Low**  
 Lic. # \_\_\_\_\_ City: **Chicago**  
 Address: **980 N. Michigan Ave., Suite 1280** State: **IL** Zip Code: **60611**  
 E-mail: **dlow@clarkstreet.com** Telephone No.: **(312) 376-8214**  
 Emergency Contact: **David Low** Telephone No.: **(312) 376-8214**

Arch./Eng.: **The Ethos Workshop, Ltd.** - **Scott Allman**  
 Lic. #: **001-017597** City: **Naperville**  
 Address: **1112 S. Washington Street, Suite 110** State: **IL** Zip Code: **60540**  
 E-mail: **scotta@ethosworkshop.com** Telephone No.: **(630) 527-6723 x111**

General Contractor: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Mason Contractor: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ A, B, or C City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Vent/Heat Contractor: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Refrig./AC Contractor: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Expeditor: **Burnham Nationwide, Inc.** - **Ken McNeeley**  
 Lic. #: **1948067** City: **Chicago**  
 Address: **111 W. Washington Street** State: **IL** Zip Code: **60602**  
 E-mail: **kmcneeley@burnhamnationwide.com** Telephone No.: **(312) 260-7085**

Local Arch./Eng.\*: \_\_\_\_\_ - \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ City: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

(\*If your licensed Architect is not located in the State of Illinois, you have the option to identify a local Illinois Architect to represent you at DOB to attend meetings and attend Open Plan Review.)

WARNING TO PROPERTY OWNER/TENANT AND GENERAL CONTRACTOR

I, David Low, as property owner/tenant, and I, \_\_\_\_\_, as general contractor, understand that it is against the law to exceed the scope of a building permit. I understand that if I build, or allow anyone else to build, any building, room addition, structure or other object that differs from, or in any way exceeds, what this permit authorizes me to build, I can and will be severely punished. I understand that if I exceed, or allow anyone else to exceed, the scope of this building permit, I can have my permit revoked; be ordered to stop all work on the project; fined up to \$5,000.00 per day; imprisoned for up to six months; required to do up to 100 hours of community service; required to tear down at my own expense all completed work; and, in addition to any other penalties provided by law, required to reimburse the City up to three times any damages incurred for providing any false or inaccurate information in this building permit application. I understand that all construction work under this proposed permit must conform to the requirements of the Chicago Building Code and, if it does not, I acknowledge that I can and will be severely punished.

Owner Signature [Signature] V.P. DESIGN & CONSTRUCTION Date 4/18/12  
-or-  
Tenant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
and-  
General Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATION BY PROPERTY OWNER/TENANT

I, David Low, as property owner/tenant, hereby certify that the statements in this application are true; that I have legal authority to do the work authorized by this proposed permit on the property identified in this Application; that all construction work under this proposed permit will conform to the requirements of the Chicago Building Code under possible penalty of prosecution; and that if the construction work authorized under this proposed permit does not conform to the requirements of the Chicago Building Code, I will do whatever is necessary to correct the Code violation. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Owner Signature [Signature] V.P. DESIGN & CONSTRUCTION Date 4/18/12  
-or-  
Tenant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Does the Owner require a Residential Real Estate Developer's License to do the proposed work at this address? Yes  No   
If yes, license number \_\_\_\_\_

CERTIFICATION BY EXPEDITOR

I, Ken McNeeley, as expeditor, hereby certify that the statements in this Application are true. I understand that any false or inaccurate information contained in this permit Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Expeditor \_\_\_\_\_ Expeditor No. 1948067 Date \_\_\_\_\_

CERTIFICATION BY DESIGN PROFESSIONAL

I, Scott Allman, as design professional, hereby certify that all information contained in this Application under item numbers 1, 2, 3A, 3B, 3C, 5, 6 and 7 is complete and accurate to the best of my knowledge. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who provide false information are subject to denial of the requested City action.

Signature of Licensed Architect or Structural Engineer of Record \_\_\_\_\_ Date \_\_\_\_\_

001-017597  
License Number







CITY OF CHICAGO

# DEPARTMENT OF BUILDINGS

## Excavation Certification

Property address 2816 N Kimball Ave

App. #: 100435365

### I. NOTICE AND POSTING REQUIREMENTS

At least 30 days prior to beginning the excavation work, the owner or the property where the work is to be done shall notify the owners of adjacent properties of the anticipated starting date and three-dimensional measurement of the excavation work. The notice shall be in writing, and shall be delivered by certified mail, return receipt requested, or by personal delivery to the person entitled to receive the notice, accompanied by a receipt for delivery. The receipt and a copy of the notice shall be available for inspection at the excavation site.

This form, signed and sealed by the design professional, shall be available at the project site. Seventy-two hours prior to excavation, Department of Buildings shall be notified at 312/744-3400.

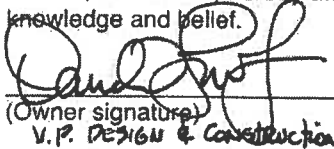
### II. INSURANCE

The excavator must have an appropriate license from the City of Chicago and maintain a comprehensive liability insurance policy of \$1,000,000 per occurrence.

*(Provide following information and attach certificate of insurance.)*

Excavator name: \_\_\_\_\_ License #: \_\_\_\_\_

I, **the owner**, hereby attest that the foregoing information is true and correct to the best of my knowledge and belief.

→  / 980 N. Michigan Ave., Suite 1280 / Chicago / IL / 60611  
(Owner signature) (Street address) (City) (State) (Zip)  
*V.P. DESIGN & CONSTRUCTION*

### III. DESIGN PROFESSIONAL CERTIFICATION

**Yes No**

In the opinion of an Illinois licensed architect or structural/professional engineer, does this project require any reinforcement or bracing of the adjacent property?  
*(If yes, the rules require that an architect or engineer be responsible for designing such system and obtaining any necessary permit.)*

I, **the design professional**, hereby attest that the foregoing information in paragraph III is true and correct to the best of my knowledge and belief.

→ \_\_\_\_\_ / 1112 S. Washington, Ste 110 / Naperville / IL / 60540  
(Architect/Engineer signature) (Street address) (City) (State) (Zip)



ink seal

City of Chicago  
Richard M. Daley, Mayor





CITY OF CHICAGO

# DEPARTMENT OF BUILDINGS

## Electrical Permit Application

<b>USE BLACK INK—DO NOT WRITE IN SHADED AREA</b>		<b>10. DESCRIPTION OF WORK:</b>			
<b>ELECTRICAL PERMIT APPLICATION NO.:</b>		Erect foundation and 1-story slab on grade Shell for proposed medical center per plans.			
<b>1. BUILDING PERMIT APPLICATION NO. (If applicable):</b> 100435365		<b>11. VIOLATION / TICKET NOTICE:</b>			
<b>2. DATE:</b>		Number		FEE	
<b>3. ADDRESS OF INSTALLATION:</b>		Violation ICN		Permit Ticket	
Street 2816 N Kimball Ave		<b>12. BRANCH CIRCUITS:</b>			
Unit No. _____ Floor No. 1		Amperes		1 Phase	
Zip 60618		15 A		3 Phase	
<b>4. NUMBER OF STORIES:</b> 1		20 A		FEE	
<b>5. ELECTRICAL CONTRACTOR:</b>		Over 20A			
Co. Name _____		<b>13. LIGHT/RECEPTACLE OUTLETS ON EXISTING:</b>			
Supervising Electrician _____		Type		Number	
License No. _____		Lighting		FEE	
Address _____		Receptacle			
City _____ State _____ Zip _____		<b>14. SERVICES:</b>			
Phone _____		Volt.		Phase	
E-mail _____		Wire		Amps	
<b>6. BUILDING OWNER:</b>		Svc 1		FEE	
Name CSD Kimball LLC		Svc 2			
Address 980 N. Michigan Ave., Suite 1280		Svc 3			
City Chicago State IL Zip 60611		Svc 4			
Phone (312) 376-8214		Em Svc			
E-mail dlow@clarkstreet.com		Fire Pump			
<b>7. CLASSIFICATION BY OCCUPANCY:</b>		Other Svc			
<input type="checkbox"/> A. Residential		<b>15. POWER AND EQUIPMENT:</b>			
<input type="checkbox"/> B. Institutional		Number		Total HP/VA	
<input type="checkbox"/> C. Assembly		Motors/ Appliances		FEE	
<input type="checkbox"/> D. Open Air Assembly		Inside Signs			
<input checked="" type="checkbox"/> E. Business		Other			
<input type="checkbox"/> F. Mercantile		<b>16. COMMUNICATIONS/DATA/LOW VOLTAGE SYS.:</b>			
<input type="checkbox"/> G. Garage		Type		Floors	
<input type="checkbox"/> H. Miscellaneous Building		Telephone		Units	
<input type="checkbox"/> I. Technology Center		Security Alarm		FEE	
<b>8. TYPE OF CONSTRUCTION:</b>		Network/ Data			
<input checked="" type="checkbox"/> New Construction		<b>APPROVED BY:</b>			
<input type="checkbox"/> Remodel / Rehab		DATE:		TOTAL ELEC. FEE:	
<input type="checkbox"/> Electrical Only					
<input type="checkbox"/> Addition					
<input type="checkbox"/> Fire Repairs					
<input type="checkbox"/> Other					
<b>9. TYPE OF ELECTRICAL WORK:</b>					
<input checked="" type="checkbox"/> Service					
<input type="checkbox"/> Feeder					
<input type="checkbox"/> Req. Fire Alarm Sys.					
<input checked="" type="checkbox"/> Circuits					

**WARNING TO PROPERTY OWNER/TENANT AND CONTRACTORS**

I, as property owner/tenant David Low, and as contractor \_\_\_\_\_, understand that if I exceed, or allow anyone else to exceed, the scope of this permit, I can have my permit revoked; be ordered to stop all work on the project; be fined up to \$5,000 per day; imprisoned for up to six months; required to do up to 100 hours of community service; required to tear down at my own expense all completed work; and, in addition to any other penalties provided by law, required to reimburse the City up to three times any damages incurred for providing any false or inaccurate information in this building permit application.

Supervising Electrician Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature [Signature] V.P. DESIGN & CONSTRUCTION Date 4/18/12  
-or-  
Tenant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION BY PROPERTY OWNER/TENANT**

I, David Low, as property owner/tenant, hereby certify that the statements in this application are true; that I have legal authority to do the work authorized by this proposed permit on the property identified in this Application; that all construction work under this proposed permit will conform to the requirements of the Chicago Building Code under possible penalty of prosecution; and that if the construction work authorized under this proposed permit does not conform to the requirements of the Chicago Building Code, I will do whatever is necessary to correct the Code violation. I understand that any false or inaccurate information contained in this Application may result in revocation of the building permit in addition to any other penalties provided by law. A false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Owner Signature [Signature] V.P. DESIGN & CONSTRUCTION Date 4/18/12  
-or-  
Tenant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Does the Owner require a Residential Real Estate Developer's License to do the proposed work at this address?  
Yes  No   
If yes, license number: \_\_\_\_\_

City of Chicago  
Richard M. Daley, Mayor







DEPARTMENT OF BUILDINGS  
CITY OF CHICAGO

CHECKLIST FOR FINAL PLAN APPROVAL

Date: 8/8/2012

Project Name: DaVita Medical Office Building  
Project Address: 2816 N. Kimball Ave  
Tracking Number: 100435365

The following items must be provided before a design approval can be issued:

- One hard copy of final civil plans, signed and sealed for Stormwater Management approval
- Two hard copies of final civil plans, signed and sealed and signed ADA cert, for CDOT approval
- Electronic files: (See Regulations, Chap II, Sect 2.1.3 for file formats and file naming conventions.)
  - TIF files of final civil plans (signed and sealed)
  - TIF file of signed and notarized Operation and Maintenance Plan
  - PDF file of calculations (signed and sealed)
  - PDF file of Affidavit-Soil Erosion and Sediment Control Measures during Construction, signed by all parties
  - PDF file of Affidavit-Stormwater Infiltration or At-grade Discharge of Downspouts on Res Bldgs, signed by all parties
  - PDF file of soil report
  - PDF file of exhibits or vault plans
  - Other \_\_\_\_\_
- OK  Final revised civil plans need to be inserted into the 3 Department of Buildings (DOB) permit sets. Set up an OPR with stormwater reviewer to verify final civil plans are inserted. (Note that final revision date must match between hard copy submitted and final plans that are inserted into DOB permit sets.) OR if project submittals are handled electronically, make sure all revised plan sheets are updated in ProjectDox program.

Hard copies and CDs with electronic files should be sent to:

Attn: (stormwater reviewer name) Andrew Billing  
City of Chicago  
Department of Buildings, Room ~~906~~ 804  
121 N LaSalle St, Chicago, IL 60602

(8)

**APPENDIX II-C**  
**City of Chicago - DWM**  
**Bureau of Engineering Services - Sewer Design Section**  
**Design /Construction Affidavit in Support of Soil Erosion and**  
**Sediment Control Measures during Construction**

Project Name: DeVita Medical Office Building

Property  
Address(es)(Property): 2816 N. KIMBALL AVE.  
CHICAGO, IL

The Developer/Owner and General Contractor (hereafter the Affiants) have authority to sign this Affidavit and have personal facts of the matters contained herein. The Affiants acknowledge that the plans, dated \_\_\_\_\_, and approved by the DWM/DOB (Plans) form the basis for this Affidavit. The Affiants further acknowledge that Regulated Developments, under the City's Stormwater Ordinance, that discharge to a combined sewer system, must provide functional and effective construction soil erosion and sediment control (SESC) at the Property as identified above. Further, the Affiants assume full responsibility for the design, construction and maintenance of SESC measures to prevent the discharge of sediment, dust, and other pollutants in stormwater runoff from the Property.

Construction SESC measures will be installed at the above address(es) prior to land disturbing activities and be maintained in functional order until the property has been "permanently stabilized" (i.e. when all land disturbing activities have been completed, all construction SESC measures have been removed, and an uniform perennial vegetative cover with a density of 70 percent for unpaved areas and areas not covered by permanent structures has been established or equivalent permanent stabilization measures have been completed).

Any breach of the conditions contained in this Affidavit, as determined solely by the City of Chicago, that are not cured by the Developer/Owner within 7 (seven) days of official notice, the City of Chicago may utilize any and all legal and equitable remedies available to the City."

**As the General Contractor of the subject Property, I certify adherence to this Affidavit and to the following:**

**Design /Construction Affidavit in Support of Soil Erosion and Sediment Control Measures during Construction**

**Page two**

The SESC measures will be designed, constructed and maintained in accordance with standards and specifications set forth in the most recent version of the Illinois Urban Manual published by the Illinois Environmental Protection Agency (IEPA) and the Natural Resources Conservation Service (NRCS). As a minimum, all temporary SESC measures such as vegetative cover, silt fences, inlet protection, check dams, etc., shall be designed to accommodate anticipated 1-year storm flows.

Any applicable Storm Water Pollution Prevention Plan (SWPPP) will be followed along with the minimum SESC measures specified herein. The SWPPP will be kept onsite during construction for inspection.

Temporary soil stabilization will be applied to topsoil stockpiles and disturbed areas where construction activity will not occur for a period of more than 21 calendar days.

Permanent soil stabilization shall be done within 14 calendar days after completion of final grading of the soil.

Inspection of SESC measures will be completed at least once every 7 calendar days and within 24 hours of a storm 0.5 inches or greater. SESC measures will be maintained to perform their intended function until the site is permanently stabilized.

All temporary roadways, access drives and parking areas will be stabilized and be of sufficient width and length to prevent sediment from being tracked onto public or private roadways. Any sediment reaching a public or private road shall be removed by street cleaning (not by water flushing) as necessary, or before the end of each workday.

Tires and wheel wells of vehicles and construction equipment shall be free of dirt and/or sediment before leaving a construction area to prevent tracking onto a public or private paved road, or sidewalk.

Trucks loaded with waste material that may be carried off by wind or rain shall be covered prior to leaving the construction site.

All onsite drainage structures within the construction area and down slope within the public right-of-way shall be protected with sediment control measures.

The discharge of sediment into the sewer system, as part of site dewatering, must be controlled and minimized to prevent clogging of the City's sewer system.

The use, storage and disposal of chemicals, cement and other compounds and building materials used on the construction site shall be managed during the construction period, to prevent their entrance into the City's sewer system.

All temporary SESC measures will be removed within 30 days after final site stabilization is achieved or after temporary measures are no longer needed.

**Unless adequate sediment and erosion control measures are implemented for all onsite infiltration BMP systems, the installation of such systems will be scheduled after all of the major construction activity is completed.**

Appendix

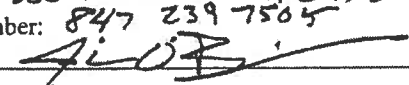
**Design /Construction Affidavit in Support of Soil Erosion and Sediment Control Measures  
during Construction  
Page three**

**Signed by General Contractor**

Name/Company: MIDWEST CONSTRUCTION Partners

Address: 1308 WOODFIELD STE 150

Phone Number: 847 239 7505

Signature: , Date 8/10/12

Contractor License Number:

GC018385-3

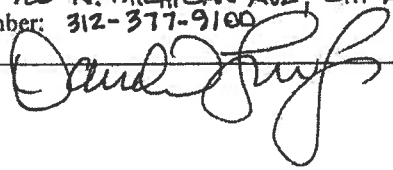
**As the Developer/Owner of the subject Property, I certify adherence to this Affidavit.**

**Signed by Developer/Owner**

Name/Company: CSD KIMBALL LLC

Address: 980 N. MICHIGAN AVE, CHICAGO, IL 60611 - SUITE 1280

Phone Number: 312-377-9100

Signature: , Date 8/10/12





# House Number Certificate

City of Chicago Department of Transportation  
Division of Maps and Plats

This certificate is valid only for the type listed below:

Address Verification Only - Not for Construction

Certificate Number: 52604

Date of Issue: 11/29/2012

This is to certify that the correct number of the building at:

LEGAL ATTACHED - MEDICAL CENTER

ADDRESS RANGE - 2824 THRU 2858 N. KIMBALL

in the City of Chicago is number

2824 N KIMBALL AVE

2858 N KIMBALL AVE

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In accordance with plats on file and approved by the Division of Maps and Plats of the City of Chicago. By order of the Commissioner of the Department of Transportation

Gabe Klein  
Commissioner of  
Transportation

Any Variation or changes made to the site plan will invalidate this certificate

Fee \$10.00

\*\*\*Attention\*\*\*

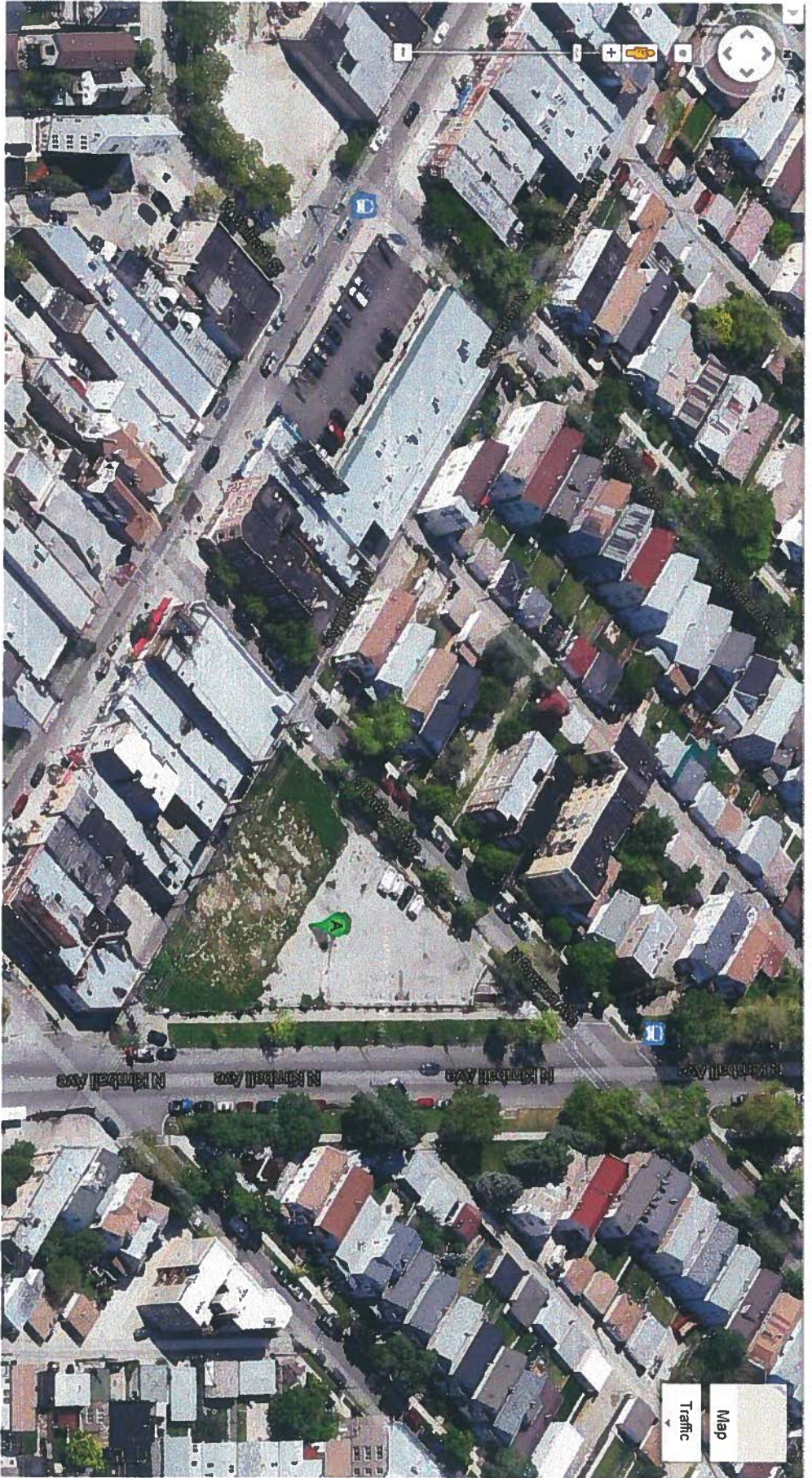
Please be aware that the above legal address will be conveyed to the Office of Emergency Management and Communication. This is the address to which the CHICAGO POLICE and FIRE DEPARTMENTS will respond in the event of an EMERGENCY.

The main entrance of your building must be located at the above address and clearly labeled. This will also be the location of the fire alarm panels when a fire alarm System is required. The panels must be located within viewing distance of the entrance, as approved by the Fire Prevention Bureau during the Plan Review Process.

**EXHIBIT A**  
**LEGAL DESCRIPTION**

**(attached)**

LOTS 63 TO 67 INCLUSIVE, AND THAT PART OF LOTS 48 TO 52 INCLUSIVE AND LOTS 68 TO 72 INCLUSIVE, LYING WESTERLY OF KIMBALL AVENUE, AS OPENED BY CONDEMNATION PROCEEDINGS, ORDINANCE PASSED BY THE CITY COUNCIL DECEMBER 10, 1924, ORDER OF POSSESSION JUNE 13, 1932 COUNTY COURT GENERAL NUMBER 53146, TOGETHER WITH THE VACATED PUBLIC ALLEY, VACATED BY ORDINANCE PASSED SEPTEMBER 25, 1958 AND RECORDED IN THE RECORDERS OFFICE OF COOK COUNTY, ILLINOIS, NOVEMBER 4, 1958 AS DOCUMENT NUMBER 17368258 IN STORY AND ALLEN'S SUBDIVISION OF LOT 10 OF BRAND'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, TAKEN AS A TRACT AND BOUNDED AND DESCRIBED AS FOLLOWS: BEGINNING AT THE MOST WESTERLY CORNER OF LOT 63; THENCE SOUTHEASTERLY ALONG THE SOUTHWESTERLY LINE OF LOT 63 AND SAID LINE EXTENDED A CROSS VACATED ALLEY TO THE MOST WESTERLY CORNER OF LOT 52 AND ALONG THE SOUTHWESTERLY LINE OF LOT 52 TO THE WEST LINE OF KIMBALL AVENUE AS OPENED AS AFOREMENTIONED; THENCE NORTH ALONG THE WEST LINE OF KIMBALL AVENUE, A DISTANCE OF 308 FEET 8 AND 3/4 INCHES; THENCE NORTHWESTERLY ALONG A STRAIGHT LINE TO A POINT ON THE NORTHWESTERLY LINE OF LOT 72, 228 FEET 5 AND 5/8 INCHES NORTHEASTERLY OF THE POINT OF BEGINNING; THENCE SOUTHWESTERLY ALONG THE NORTHWESTERLY LINE OF LOTS 63 TO 72, A DISTANCE OF 228 FEET 5 AND 5/8 INCHES TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.



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10:00 am - 11:00 pm

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[amedina@clarkstreet.com](mailto:amedina@clarkstreet.com) by April 10th

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