



# City of Chicago



O2015-4119

Office of the City Clerk

## Document Tracking Sheet

<b>Meeting Date:</b>	5/6/2015
<b>Sponsor(s):</b>	Silverstein (50)
<b>Type:</b>	Ordinance
<b>Title:</b>	Handicapped Parking Permit No. 98606
<b>Committee(s) Assignment:</b>	Committee on Pedestrian and Traffic Safety

**MEMORANDUM FOR TRAFFIC REGULATIONS**

**PROHIBITION AGAINST PARKING (Except for the Handicapped):**

Street, etc: North Seeley Avenue

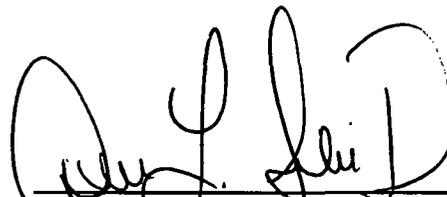
Location, etc: No. 6720 (Permit No. 98606)

Distance or extent: \_\_\_\_\_

Hours: at all times

Days: no exceptions

**NICOLE KETTANEH**



**DEBRA L. SILVERSTEIN**  
Alderman, 50th Ward

# APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

98606



An application will not be considered complete unless:

- All lines of the application have been completed in full;
- A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee; Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate.
- Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted at the time of application;
- Proof of residency, in the form of a copy of your drivers license, state identification, state issued medical card, or the following utility bills: Peoples Gas, ComEd, or City of Chicago water bill are submitted at the time of application.

Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Finance facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275).

1. Date of Birth MO DAY YEAR 0   2   0   2   7   5		2. State Identification Number 3   5   0   6   0   2   7   5   6   3   3   K		3. Drivers License Number	
4. Applicant Last Name K E T T A N E H				MI	First Name N I C O L E
5. Home Address (primary residence) STREET NUMBER DIR STREET NAME 6   7   2   0   W   S I E F E L E Y		ZIP CODE 6   0   6   4   5			
6. Do you rent or own? <input type="checkbox"/> RENT <input checked="" type="checkbox"/> OWN <input type="checkbox"/> OTHER					
7. Address where signs will be posted STREET NUMBER DIR STREET NAME 6   7   2   0   W   S I E F E L E Y		WARD NUMBER 5   0   1			
8. Phone Numbers Home 7   7   3   9   8   9   7   9   1   1   8			Business		
9. Current Permanent Disabled Placard Number C E 94401		Registered to N I C O L E K E T T A N E H		Relationship to Applicant S E L F	
10. Current License Plate Number of Vehicle that will be parked in the space: V 6 3 7 1 0 5		Registered to J O A N N E K E T T A N E H 4 7 5 L M E N 2 H		City Sticker No. Relationship to Applicant M O T H E R	
11. Does the registered owner of the vehicle reside at the address of the applicant? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
12. Provide a Description of Medical Condition and Disability MENTAL RETARDATION AND EXTREME BIPOLAR DISORDER WHICH CAUSES EXTREME ANXIETY WHEN WALKING DUE TO LEGAL BLINDNESS. <input checked="" type="checkbox"/> Permanent disability <input type="checkbox"/> Temporary					
Alternative Parking Please note your application may be denied if you have alternative accessible off-street parking options					
13. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14. If you answered Yes to question 13, please describe the alternative parking available. <input type="checkbox"/> Garage, <input type="checkbox"/> Driveway, <input type="checkbox"/> Car Port; <input type="checkbox"/> Other.					
15. If alternative parking is available, why are you unable to access the space? Please explain:					
16. Do you use assisted devices? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, what type do you use?					
17. Are you able to walk 200ft? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, why? NEEDS ASSISTANCE DUE TO BEING LEGALLY BLIND & EXTREME ANXIETY.					

Affirmation: Under penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I hereby certify and attest that the statements set forth in this document are true and correct. I acknowledge that, pursuant to Section 1-21-010 of the Municipal Code of Chicago, persons who make material false statements on this application may be fined not less than \$500 and not more than \$1,000, plus three times the city's damages, litigation costs, collection costs and attorney's fees. I acknowledge that providing false information on this application or omitting material information from this application may result in denial of the application. I also understand that it is my responsibility to immediately notify the Department of Finance of any changes in the information provided or I may be subject to a penalty of not less than \$100 and not more than \$500, under Section 9-64-050 (f) of the Municipal Code of Chicago.

Signature John Kettaneh for Nicole Kettaneh Date 2/12/15

FOR OFFICE USE ONLY

ILLINOIS

Jesse White • Secretary of State

ID CARD



ID No.: 3506-2075-033K

DOB: 02-02-75

Expires: 02-02-21

Issued: 04-16-15

NICOLE KETTANEN  
6720 N SEELEY AVE  
CHICAGO IL 60645

Class:  
Type: ORG

Femile 5'06" 230 lbs HZL Eyes

020275  
803 CR5139M

VRW

REMOVE BEFORE VEHICLE IS IN MOTION  
 THIS PLACARD IS NOT TRANSFERABLE  
 IT IS ILLEGAL TO COPY OR DUPLICATE THIS PLACARD



THE AUTHORIZED HOLDER MUST BE PRESENT AND MUST ENTER OR EXIT THE VEHICLE AT THE TIME THE PARKING PRIVILEGES ARE BEING USED. UNAUTHORIZED USE MAY RESULT IN A \$600 FINE AND SUSPENSION OF DRIVER'S LICENSE AND/OR REVOCATION OF THE PLACARD.



**PERMANENT**

BEGINNING JANUARY 1, 2014, DUE TO A CHANGE IN STATE LAW, THE AUTHORIZED HOLDER OF THIS PLACARD MUST PAY ALL APPLICABLE PARKING FEES. FAILURE TO PAY PARKING FEES WILL RESULT IN A FINE ASSESSED TO THE VEHICLE.

**CE 94401**



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EXPIRES THE LAST DAY OF

Jan. Feb. Mar. Apr. May Ju



Jul. Aug. Sep. Oct. Nov. De



**ILLINOIS**

Jesse White  
 Secretary of State

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