City of Chicago

Office of the City Clerk

Document Tracking Sheet

O2019-531

Meeting Date:	1/23/2019
Sponsor(s):	Silverstein (50)
Type:	Ordinance
Title:	Handicapped Parking Permit No. 119278
Committee(s) Assignment:	Committee on Pedestrian and Traffic Safety

MEMORANDUM FOR TRAFFIC REGULATIONS

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc:_____ **West Morse Avenue**_____

Location, etc:_____ **No. 2724   (Permit No. 119278)**_____

Distance or extent:_____

Hours:_____ *at all times*_____

Days:_____ *no exceptions*_____

JOHN N. STONE

DEBRA L. SILVERSTEIN
Alderman, 50th Ward

490-002 02/14

119278

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

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	2 State Identification Number	3. Drivers License Number
0 8 3 1 2 8		S 3 5 0 4 7 4 2 8 2 4 8

4 Applicant Last Name	MI	First Name
S T O N E	N	J O H N

5 Home Address (primary residence)

STREET NUMBER	DIR	STREET NAME	ZIP CODE
2 7 2 4	W	M O R S E	6 0 6 4 5

6. Do you rent or own?   ☐ RENT   ☐ OWN   ☒ OTHER

7 Address where signs will be posted

STREET NUMBER	DIR	STREET NAME	WARD NUMBER
2 7 2 4	W	M O R S E	5 0

8. Phone Numbers Home	Business
7 7 3 2 6 2 3 5 3 8	

9. Current Permanent Disabled Placard Number	Registered to	Relationship to Applicant
DD 76123	JOHN N STONE	self

10 Current License Plate Number of Vehicle that will be parked in the space: 515 5524	Registered to John N Stone	City Sticker No M47JLXZ26D	Relationship to Applicant self

11 Does the registered owner of the vehicle reside at the address of the applicant?   ☒ YES   ☐ NO

12. Provide a Description of Medical Condition and Disability   ☒ Permanent disability   ☐ Temporary

Heart condition + no cartilege in hips

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.)?   ☒ YES   ☐ NO

14. If you answered Yes to question 13, please describe the alternative parking available: ☒ Garage,   ☐ Driveway,   ☐ Car Port,   ☐ Other

15 If alternative parking is available, why are you unable to access the space? Please explain
Garage is too far from door without steps, so unaccesible

16 Do you use assisted devices? ☒ YES   ☐ NO   If yes, what type do you use?
wheelchair, rolling walker

17 Are you able to walk 200ft? ☐ YES   ☒ NO   If no, why? pain + instability

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 N. Stone   Date 01/16/2019

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