



City of Chicago



O2019-3991

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	5/29/2019
Sponsor(s):	Silverstein (50)
Type:	Ordinance
Title:	Handicapped Parking Permit No. 117243
Committee(s) Assignment:	Committee on Pedestrian and Traffic Safety

MEMORANDUM FOR TRAFFIC REGULATIONS

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc: North Campbell Avenue

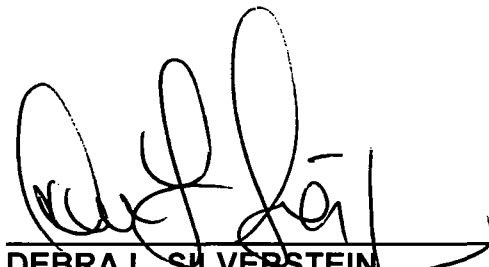
Location, etc: No. 6738 (Permit No. 117243)

Distance or extent: _____

Hours: at all times

Days: no exceptions

DOLORES A. RICCARDO



DEBRA L. SILVERSTEIN
Alderman, 50th Ward



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 06 11 41			2 State Identification Number 2631614176GR			3 Drivers License Number				
4 Applicant Last Name R i c c a r d o					MI A	First Name D o l o r e s				
5 Home Address (primary residence) STREET NUMBER DIR STREET NAME 6738 N C A M P B E L L A V E								ZIP CODE 60645		
6. Do you rent or own? <input checked="" type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER										
7 Address where signs will be posted STREET NUMBER DIR STREET NAME 6738 N C A M P B e l l - A V E									WARD NUMBER 50	
8 Phone Numbers Home 84779021776					Business					
9. Current Permanent Disabled Placard Number DD42715				Registered to Dolores A. Riccardo			Relationship to Applicant SELF			
10 Current License Plate Number of Vehicle that will be parked in the space: APB				Registered to Anthony J. Riccardo		City Sticker No. JZ T-485		Relationship to Applicant son		
11 Does the registered owner of the vehicle reside at the address of the applicant? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
12 Provide a Description of Medical Condition and Disability Arthritis <input checked="" type="checkbox"/> Permanent disability <input type="checkbox"/> Temporary DMII, Hypothyroid, Hypertension, Neuropathy Feet & leg, Degenerative Joint Disease										
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type do you use? Cane or Walker										
17. Are you able to walk 200ft? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, why? Pain in legs & back										

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

Dolores Riccardo

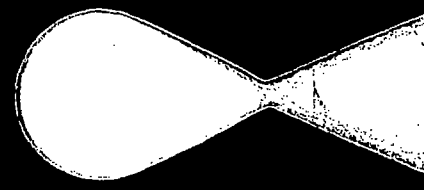
Date

2-27-19

FOR OFFICE USE ONLY

 FEE PLACARD/PLATE RESIDENCY COMPLETE

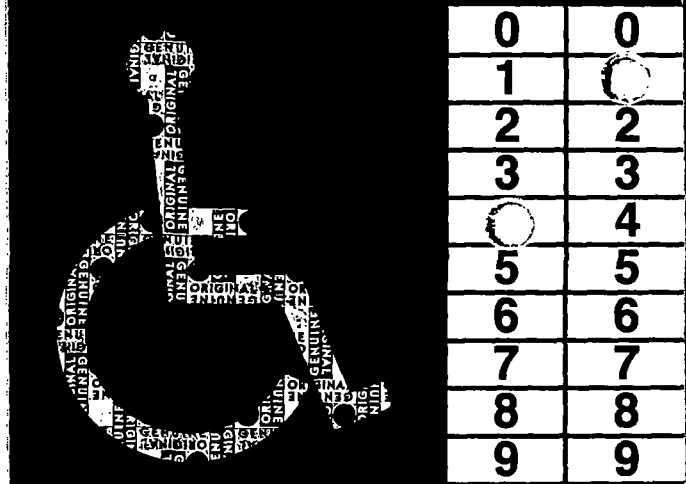
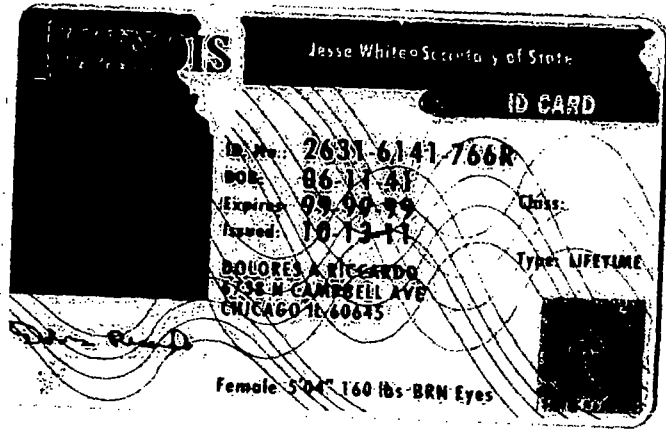
REMOVE BEFORE VEHICLE IS IN MOTION.
 THIS PLACARD IS NOT TRANSFERABLE.
 IT IS ILLEGAL TO COPY OR DUPLICATE THIS PLACARD.



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 \$500 FINE AND SUSPENSION OF DRIVER'S LICENSE AND/OR REVOCATION OF THE PLACARD.

PERMANENT

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EXPIRES THE LAST DAY OF:

Jan.	Feb.	Mar.	Apr.	May	Jun.
Jul.	Aug.	Sept.	Oct.	Nov.	Dec.

2022



ILLINOIS

**Jesse White
 Secretary of State**

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