



# Office of Chicago City Clerk



O2011-3052

Office of the City Clerk

## City Council Document Tracking Sheet

<b>Meeting Date:</b>	4/13/2011
<b>Sponsor(s):</b>	Cardenas, George (12)
<b>Type:</b>	Ordinance
<b>Title:</b>	Handicapped Parking Permit No. 33573
<b>Committee(s) Assignment:</b>	Committee on Traffic Control and Safety

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

**SECTION 1. That an ordinance heretofore passed by the City Council prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:**

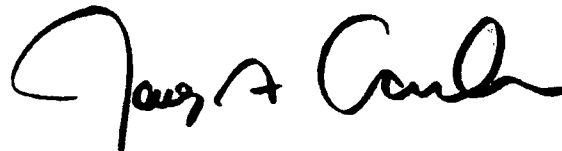
**“South Hoyne Avenue**

**at No. 4743**

**Permit No. 33573.”**

**SECTION 2. This ordinance shall take effect and be in force upon its passage and publication.**

**Applicant / Mary Ann Sheehan**



**George A. Cardenas**  
**GEORGE A. CARDENAS**  
**Alderman, 12th Ward**



# HANDICAPPED PERMIT PARKING REMOVAL APPLICATION



City of Chicago  
Richard M. Daley, Mayor

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR HANDICAP

PERMIT NUMBER: 33573  
(Please print or type.)

Department of Revenue  
Igor Fryklund  
City Parking Administrator  
Bureau of Parking Enforcement  
24 East Congress Parkway  
2nd Floor  
Chicago, Illinois 60605  
(312) 744-5219

NAME OF HANDICAPPED INDIVIDUAL: Sheehan, Mary Ann

REMOVAL LOCATION OF HANDICAP PARKING SPACE REQUESTED:  
4743 S. Hoyne  
(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE) 60632 (PHONE NUMBER) \_\_\_\_\_

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN

MAINTENANCE FEE: Same as above

(Please provide information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER: \_\_\_\_\_ (W or V plates)

ILLINOIS HANDICAPPED PLACARD NUMBER: \_\_\_\_\_ (Secretary of State Handicap Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

Revenue  
(Signature of applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE.

ALDERMANIC CERTIFICATION:

George A. Cardenas

George A. Cardenas  
(Aldermanic Signature)

12<sup>th</sup>  
(Ward)

4-11-11  
(Date)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE HANDICAP SIGN REMOVAL ORDINANCE IS INTRODUCED.

*Revenue*  
*Alfredo Diaz N/A*  
*4-11-2011*

