



Office of the Chicago City
Clerk



O2012-3540

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	5/9/2012
Sponsor(s):	Fioretti, Bob (2)
Type:	Ordinance
Title:	Loading/Standing/Tow Zone(s) at S Sangamon Ave and N Jackson Blvd
Committee(s) Assignment:	Committee on Pedestrian and Traffic Safety

Introduced: May 9, 2012
Referred: Committee on Traffic Control and Safety

MEMORANDUM FOR TRAFFIC REGULATIONS

NO PARKING - LOADING ZONE:

Street, etc: South Sangamon Avenue


Location: South Sangamon Avenue East Side F.A.P. 6 ft. North of Jackson
Boulevard T.A.P. 78 ft. North Thereof

Hours: 7 am to 8 pm

Restriction: _____

Days: All Days

Name: Reavy Rehab Physical Therapy
Address: 939 W. Madison
Contact: Richard Chew
Contact Number: (312) 243-3907 or
(312) 952-8040



Robert W. Fioretti
Alderman 2nd Ward



ROBERT W. FIORETTI
ALDERMAN - 2ND WARD

PUBLIC SERVICE OFFICE
 429 SOUTH DEARBORN STREET
 CHICAGO, ILLINOIS 60605
 TELEPHONE 312-263-9273
 FAX 312-786-1736

- COMMITTEE MEMBERSHIPS
- ENVIROMENTAL PROTECTION & PUBLIC UTILITIES
- HEALTH
- LICENSE & CONSUMER PROTECTION
- RULES & ETHICS
- SPECIAL EVENTS

ROBERT W. FIORETTI

CITY HALL, ROOM 300 OFFICE 02
 121 NORTH LASALLE STREET
 CHICAGO, ILLINOIS 60602
 TELEPHONE 312-744-6836

Standing/Loading Zone Application

Submit at least two photographs of the proposed location for the loading zone sign and surrounding public way.

Please Select One: Loading Zone Standing Zone - 15min Standing Zone - 30min

Today's Date:	APRIL 26 2012
Name of Business:	TEADY REHAB-CENT PHYSICAL THERAPY
Business Address:	939 W. MADISON, CHICAGO, IL 60607
	Chicago, IL
Business Telephone:	312-243-3907 / 312-952-8840
Owner/Contact Person:	ROBERTO ORTA
Address of Installation: (if different)	225 S. SANBAMON
	Chicago, IL 60607
Loading Hours:	7:AM THRU 8:PM
Loading Days:	MONDAY THRU SUNDAY
Reason for Request:	OLDER PATIENTS + WHEELCHAIR OR DISABLE PATIENTS THAT NEED EASY ACCESS TO OUR FRONT DOOR!

Billing Information

Federal Employee ID: Or	
Social Security Number:	
Corporation Name if DBA:	
Address (if different):	

Please be aware that your request must be submitted in the Chicago City Council and approved by the Department of Transportation and the Committee on Traffic and Safety. Upon approval you will receive a bill according to your request.

\$70.00 per sign and 25 feet of space.

\$7.00 per foot if you request additional feet (only if space is available to you).

\$100.00 if parking meters need to be removed.