



City of Chicago



O2019-4185

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	6/12/2019
Sponsor(s):	Brookins (21)
Type:	Ordinance
Title:	Handicapped Parking Permit No. 116355
Committee(s) Assignment:	Committee on Pedestrian and Traffic Safety

MEMORANDUM FOR TRAFFIC REGULATIONS
OVERRIDE

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc: South Halsted Street

Location, etc: No. 8921 (Permit No. 116355)

Distance or extent: _____

Hours: at all times

Days: no exceptions

(Bryant J. Long)

LIMITATION OF PARKING PRIVILEGES:

Street, etc. _____


Location (or limits): _____

Distance or extent: _____

Time limit: _____

Hours: _____

Days: _____



HOWARD B. BROOKINS, JR.
Alderman, 21st Ward

April 2, 2019

ALDERMAN HOWARD BROOKINS JR.
WARD 21
9011 S ASHLAND AVE UNIT B
CHICAGO, IL 60620

Dear ALDERMAN BROOKINS JR.:

The Department of Finance received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: BRYANT J LONG

Applicant's Address: 8921 S HALSTED

Reason Not-Recommended: ARTERIAL OR MAIN STREET
Explanation: GARAGE AT LOCATION AND SNOW SIGNS POSTED

Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact our office at (312) 747-0114.

Very truly yours,

Anthony Gambino
Director of Administration II

cc: Mayor's Office for People with Disabilities



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

Handwritten: FEE (100) 116355

RECEIVED MAR 28 2018

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 pass.**
- 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 income tax return 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 809100, Chicago, IL 60689-3100 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	2. State Identification Number	3. Driver's License Number
5/14/25/68	5120107106871184	
4. Applicant Last Name	First Name	
LIONG	BRYAN	
5. Home Address (print or type)		
819211 SHALISTEAD		
6. Do you rent or own? <input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		
7. Address where signs will be posted		
819211 SHALISTEAD		
8. Phone Numbers		Business
7087943750 89		
9. Current Physical Disabled Placard Number	Register of	Relationship to Applicant
21812	BRYAN LONG	JANE
10. Current License Plate Number (Vehicle that will be parked in the space)	Registered to	City of Chicago No.
P490894	SAME	
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 <input checked="" type="checkbox"/> Permanent disability <input type="checkbox"/> Temporary		
Amputee X2, Dialysis Patient		
Alternative Parking: (If no, note: Application may be denied if you have alternative accessible off-street parking options)		
13. Is there off-street parking available at your primary residence? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Garage		
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 this space? Please explain: no access - no wheelchair in back		
16. Do you use assisted devices? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type do you use?		
17. Are you able to walk 200ft? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, why? Painful		

FOR OFFICE USE ONLY

FEE PLACARD/PLATE RESIDENCY COMPLETE

Signature: *Bryan Long*

Date: 8/28/2018

Attention: Under penalties provided by law, I declare that I am the owner of the vehicle and 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 on this application and that I will be subject to a penalty of not less than \$100 and not more than \$1,000 for each such change.