

## Office of the City Clerk



O2012-8644

### Office of the City Clerk

### City Council Document Tracking Sheet

**Meeting Date:** 12/12/2012

Sponsor(s): Mitts, Emma (37)

Type: Ordinance

Title: Handicapped Parking Permit No. 82643

Committee(s) Assignment: Committee on Pedestrian and Traffic Safety

### **MEMORANDUM FOR TRAFFIC REGULATIONS**

## OVERRIDE PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc:	West Crystal Street		
Location, etc:	No. 5134	(Permit No. 82643)	<del></del>
Distance or extent:_		· · · · · · · · · · · · · · · · · · ·	
Hours:	at all times		
Days:	no exceptions	DATDICIA NI	TI CON

EMMA MITTS Alderman, 37th

Alderman, 37th Ward



# DEPARTMENT OF FINANCE CITY OF CHICAGO

November 7, 2012

PATRICIA NELSON 5134 W CRYSTAL CHICAGO, IL 60651

#### Dear Applicant:

The Department of Revenue received your request for disabled parking signs. The application was reviewed and a survey of the location was conducted. The Department cannot recommend the application.

The Department's reason for not recommending the application is:

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: 7 SIGNS POSTED ON THE BLOCK, GARAGE AT LOCATION

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 us at (312) 747-0114.

Very truly yours,

Ant/ony Gambino

Director of Administration II

For office use only: Permit Number <u>\\\ \\ \\ \\ \\ \</u>

### **Alternative Accessible Parking - Verification of Ownership**

If you are not the owner of the Alternative Accessible Parking (garage, driveway, carport), please have the building owner or landlord complete this form and have it notarized. Return this form along with your appeal letter within 10 days of the date of this notice to the Mayor's Office for People with Disabilities, 121 N. LaSalle, Room 104, Chicago, IL 60602. Should you have any questions, please contact Maria Zeimet at (312) 744-4441.

Name of Landlord/Building Owner 12TRLC	IA NELSON
Address 5134 W CRysta	1 5+
I verify that I am the landlord or building owner	
(garage, driveway, carport) is located and that	t Patricia NEISON (Applicant's
Name) is not permitted to use the space locat	ed at the above address as an alternative to street
parking due to the following reason(s):	
(Check one or all that applies)	
I use it for my own personal use.	
□ I rent the space to someone else.	
The garage is not usable and in need	of repair.
There is no garage.	
DOTHER:	
1	
I can be contacted at (Phone Number)	3-921-0452
	ecurate. If either the Department of Revenue or ermines that the applicant has falsely represented lication shall be denied.
Signature of Building Owner/ Landlord	Date
Notary Name: BETTYE Sulpi  Notary Signature: Bettye Sur	OFFICIAL SEAL BETTYE PULLPHUS NOTARY PUBLIC - STATE OF ILLINOIS INT COMMISSION EXPIRES:10727/13

November 18, 2012

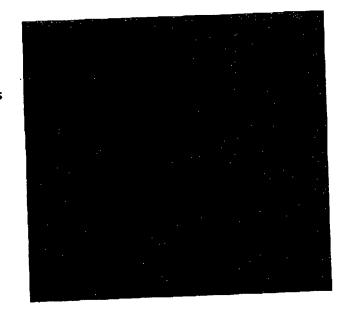
The Mayors Office for People with Disabilities

**Disabled Parking Signs Appeal** 

City Hall, Room 104

121 N. LaSalle St.

Chicago, IL. 60602



#### To whom it may concern:

I am writing to appeal the denial for a handicap parking space in front of my residence. I do have a one car garage; however the garage is not stable and is unsafe. Also, the parking space in front of my residence would be closer to my front door in comparison of walking from the garage to my front door.

My various ailments include osteoarthritis, sciatica, herniated disc and fibromyalgia. I have difficulty walking and climbing stairs. Sometimes I may have to use a cane or a walker in order to move around. I also must go to the pain clinic twice a month to receive medication for my ailments.

Please reconsider my request for a handicap parking space in front of my residence. Thank you.

Patricia Nelson

