



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Details (With Text)

File #: O2015-3468
Type: Ordinance **Status:** Passed
File created: 4/15/2015 **In control:** City Council
Final action: 5/6/2015
Title: Handicapped Parking Permit No. 90195 - remove
Sponsors: Silverstein, Debra L.
Indexes: Handicapped
Attachments: 1. O2015-3468.pdf

| Date | Ver. | Action By | Action | Result |
|-----------|------|--|---------------------|--------|
| 5/6/2015 | 1 | City Council | Passed | Pass |
| 4/29/2015 | 1 | Committee on Pedestrian and Traffic Safety | Recommended to Pass | |
| 4/15/2015 | 1 | City Council | Referred | |

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:

**"North Seeley Avenue at No. 6438
Permit No. 90195."**

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

Alderman, 50th Ward

Applicant / Jesus E. Cordero

Dbc-M-2000 11:26am From-CITY OF CHICAGO DEPT OF REVENUE

City of Chicago's Richard M. Daley, Mayor

Department of Finance

Richard P. Murphy Director

107 North LaSalle Street Chicago, Illinois 60601-1121 (773) 744-6116 (773) 744-0471 (FAX) (773) 744-0471 (TTY)
http://www.ci.chicgo.il.us

(Please print or type.) NAME OF DISABLED

INDIVIDUAL: J<f>14J> £■ /v REMOVAL LOCATION OF DISABLED PARKING SPACE

REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE ^

606^ (PHONE NUMBER) 7 7j - '6'^^

REASON FOR REMOVAL: tfv\ve ps idi^JL.

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE: jt

(Please provide Information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER: ^^f^

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER! C F If 01\$

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY VMnurr nnr.c

- ^-f^Z-^-^^

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LI

(Ward)

ALDERMANIC CERTIFICATION:

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