



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-1724
Type: Ordinance **Status:** Passed
File created: 3/9/2011 **In control:** City Council
Final action: 5/4/2011
Title: Handicapped Parking Permit No. 73484
Sponsors: Stone, Bernard
Indexes: Handicapped
Attachments: 1. O2011-1724.pdf

Date	Ver.	Action By	Action	Result
5/4/2011	1	City Council	Passed	Pass
5/3/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
3/9/2011	1	City Council	Referred	

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM 73484

7.
 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 "Disability rru's't3'e'pe'rm^ submitted at the time of application; ■'■*' - " ■ ■;
 Proof of residency- in the form W time of application.
 ■" Completed "application" forms may be returned to: the office of your alderman, any City of Chicago Department of Revenue facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100, 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
 MO _ DAY

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- 4. Applicant Last Name
- 2. State Identification Number¹
- 3. Drivers License Number

MI
 First Name
 5. Home Address (primary residence)
 * STREET NUMBER DIR.J STREETNAME

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II ZIP CODE
 6. Address where signs will be posted
 DIR. STREET NAME
 STREET NUMBER DIR. STREETNAME
 , WARD NUMBER

7. Phone Numbers
 Home
 Business

717 \3~7\6 <file:///3~7/6> 1/

8. Current Permanent Disabled Placard Number

Registered to
Relationship to Applicant

9. Current License Plate' Number

Registered to ■■'

City'Sticker No. .■

Relationship to Applicant

10. Description of Medical Condition and Disability

Alternative Parking:' Please note your application may be denied if you have'alternative accessible off-street parking options.

11. Is there off-street'parking available at your primary residence ■(i.e., garage, car port, driveway, etc.)?

YES 4-MCf

12. If yoU answered Yes to question 11, please describe:

Garage: Driveway; .. Car Port; .. other:

13. Is your off-street parking accessible? i^L-YesT No. Please explain:

"14'. Affirmation: I hereby affirm that the above information is true and correct: If the City of Chicago's Department of Revenue determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine of not less than *

■ \$100 but no more than \$500, and the application¹ shall be denied: I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided. ' "

Signature .

f/7

Date y; r///-

FOR OFFICE USE ONLY

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PLACARD/PLATE
RESIDENCY

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February 23, 2011

ALDERMAN BERNARD STONE WARD 50

121 N LA SALLE STREET - 203 CHICAGO, IL 60602

Dear ALDERMAN STONE:

Please see the attached application for disabled parking signs. The applicant is requesting a restricted parking space within your ward.

The Department of Revenue will conduct a parking study and review the application for compliance with Chapter 9-64-50 of the Municipal Code of Chicago. The Department will make its recommendation to you within thirty (30) days of the receipt of the application fee.

Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

-William Kenan Deputy Director Department of Revenue

Enclosure: Disabled Signs Application