



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2019-531  
**Type:** Ordinance      **Status:** Failed to Pass  
**File created:** 1/23/2019      **In control:** City Council  
**Final action:** 9/18/2019  
**Title:** Handicapped Parking Permit No. 119278  
**Sponsors:** Silverstein, Debra L.  
**Indexes:** Handicapped  
**Attachments:** 1. O2019-531.pdf

Date	Ver.	Action By	Action	Result
9/18/2019	1	City Council	Failed to Pass	
9/10/2019	1	Committee on Pedestrian and Traffic Safety	Recommended Do Not Pass	
1/23/2019	1	City Council	Referred	

### MEMORANDUM FOR TRAFFIC REGULATIONS PROHIBITION AGAINST

#### PARKING (Except for the Handicapped):

**Street, etc:**      **West Morse Avenue**

**Location, etc:**      **No. 2724 (Permit No. 119278)**

**Distance or extent:**

**Hours:**      **at all times**

**Days:**      **no exceptions**

**JOHN N. STONE**

Alderman, 50th Ward

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

490-002 02/14

119278

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 plate. 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 medical card, 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 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

0 | % | ^ |

4 Applicant Last Name

SITIO | N | E |

STREET NAME

5 Home Address (primary residence)

STREET NUMBER

rent  own Mother

STREET NAME

MO-  
-VI.

7 Address where signs will be posted

STREET NUMBER

Home

a.-q-|-a-|H-

8. Phone Numbers

i n i -3i aifc m ?>|s

9. Current Permanent Disabled Placard Number

bT3 "76 | 9.3

10 Current License Plate Number of Vehicle that will be parked in the space: 5 | ^ g £ £ U | 1

, WARD NUMBER

5S0

Relationship to Applicant

Relationship to Applicant Stif

11 Does the registered owner of the vehicle reside at the address of the applicant?

12. Provide a Description of Medical Condition and Disability

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

13. Is there off-street parking available at your primary residence

(i.e., garage, car port, driveway, etc.)?

4. If you answered Yes to question 13, please describe the alternative parking available:  Sf Garage,  Driveway,  Car Port,  Other

15 If alternative parking is available, why are you unable to access the space? Please explain

ES  NO If yes, what type do you use?

Crar^e. ls -|bp -far fVtM 6lq6V without" :?feps. s& un Acces<bU^

16 Do you use assisted devices? STYES  N

17 Are you able to walk 200ft?  YES  N If no, why? ^>ajV^ + \ ^ ^ -f ^ [, \* ( , \* - (- ^

Affirmation: Under penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I hereby certify and attest 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 or I may be subject to a Denalty of not less than \$100 and not more than \$500, under Section 9-64-050 (f) of the Municipal Code of Chicago.

Date.

Signature .

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