



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-3052
Type: Ordinance **Status:** Passed
File created: 4/13/2011 **In control:** City Council
Final action: 6/8/2011
Title: Handicapped Parking Permit No. 33573
Sponsors: Cardenas, George A.
Indexes: Handicapped
Attachments: 1. O2011-3052.pdf

| Date | Ver. | Action By | Action | Result |
|-----------|------|--|---------------------|--------|
| 6/8/2011 | 1 | City Council | Passed | Pass |
| 6/6/2011 | 1 | Committee on Pedestrian and Traffic Safety | Recommended to Pass | Pass |
| 4/13/2011 | 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:

"South Hoyne Avenue at No. 4743 Permit No. 33573."

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

Applicant / Mary Ann Sheehan

George A. Cardenas GEORGE A. CARDENAS Alderman, 12th Ward

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773-523-8440
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; HANDICAPPED PERMIT PARKING

! REMOVAL APPLICATION
I FOR SIGN REMOVAL RECARDINC PROHIBITED PARKING EXCEPT FOR HANDICAP
■ PERMIT N'LM3ER: _33jSIIS_
| (Please princ or type.)

NAME OF HANDICAPPED INDIVIDUAL: g^UggWrn y M_w,_j ft REMOVAL LOCATION OF HANDICAP

PARKING SPACE REQUESTED:

4 7^3 4. _

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

NAME AND ADDRESS OR PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE : . 3*5ra^ ei^ , -An^ty<L_____

(Please provide information only if billing information differs.) ILLINOIS

VEHICLE LICENSE NUMBER: _(w or V places)

ILLINOIS HANDICAPPED PLACARD NUMBER:

(Secretary of State Handicap Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE;

(Signature of applicant) I FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE.

ALDERMANIC CERTIFICATION:

George A. CarHunat

(Aldermanic Signature)

{w'j rd}

(Date)

WITH APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES. THE ALDERMAN, AT THE TIME THE HANDICAP SIGN REMOVAL ORDINANCE WAS INTRODUCED: