



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-556  
**Type:** Ordinance      **Status:** Passed  
**File created:** 1/13/2011      **In control:** City Council  
**Final action:** 3/9/2011

**Title:** Handicapped Parking Permit No. 11703  
**Sponsors:** Graham, Deborah L.  
**Indexes:** Handicapped  
**Attachments:**

Date	Ver.	Action By	Action	Result
3/9/2011	1	City Council	Passed	Pass
3/8/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
1/13/2011	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:

**"North Menard Avenue at No. 1044 Permit No. 11703."**

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

**Applicant / James W. Dulin**

**Alderman, 29th Ward**  
01/04/2011 09 05 FAX 773 261 6687  
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## EIGHWOODS

## DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER //7\_?

3

(Please print or type.) NAME OF DISABLED INDIVIDUAL: *Ofi\*>ei, UJ. Tuliq*

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS ( zip code . /eOicS^I (phone number)\_

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REASON FOR REMOVAL:

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE: \_

(Please provide information only if billing information differ..)

ILLINOIS VEHICLE LICENSE NUMBER: \_

(WorV plates)

ILLINOIS DISABLED PLACARD NUMBER.

(Secretary of State Disabled Placard)

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

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO

NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

(Aldermanic Signature)

*#1 's/u*

CWard)

(Dale)

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