



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-506
Type: Ordinance **Status:** Passed
File created: 1/13/2011 **In control:** City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 73527
Sponsors: Stone, Bernard
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	

JANUARY 13, 2011 CITY COUNCIL
BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:
SECTION 1. PROHIBITION AGAINST PARKING (EXCEPT FOR DISABLED)
NAME OF APPLICANT: LEAH M. ASHMAN
PRIMARY STREET ADDRESS: 2900 W. FITCH
LOCATIONS OF SIGNS TO BE POSTED: 2900 W. FITCH
PERMIT NUMBER: 73527
HOURS: AT ALL TIMES
DAYS: NO EXCEPTIONS
SECTION2. This ordinance shall take effect upon its passage and publication.

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

73527

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, or utility bills 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 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
01 11 01

2. State Identification Number
3. Drivers License Number
ft\VS\jr\sl5\5\3\o\z\w

4. Applicant Last Name
IMI 1*1
First Name

Me\4\H

5. Home Address (primary residence)
STREET NUMBER

2-111 o 10 l

STREET NAME

ZIP CODE t\0\6\fr

6. Address where signs will be posted
STREET NUMBER

W\e>\o\ [wl f\ (irlc |H-

STREET NAME
WARD NUMBER

7. Phone Numbers

Home

Business

"711 *> 1 7 \L I / I / I 3-1 3-1 <

8. Current Permanent Disabled Placard Number

Registered to A 6I JL

Relationship to Applicant

9. Current License Plate Number

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Registered to

City Sticker No.

Relationship to Applicant

10. Description of Medical Condition and Disability

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Alternative Parking: Please note your application may be denied if job-rave alternative accessible ofpfetreet parking options

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

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12.If you answered Yes to question 11, please describe: 0 8 Garage; Driveway; Car Port; Other:

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13. Is your off-street parking accessible? Yes; No. Please explain:

14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago 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 application 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

Date

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FOR OFFICE USE ONLY

FEE

PLACARD/PLATE RESIDENCY

COMPLETE

Disabled Parking Application Payment Stub

Please make check or money order payable to the City of Chicago or when paying with a credit card, please fill in the following information.

THIS PAYMENT WILL KOI BE PROCESSED IF NOT SIGNED

Card No.

3 7 7 5 I % a r y 8 3- I 7

Exp. Date

Signature: _

By signing here I agree to the terras and conditions of this notice.

PLEASE:

- DO NOT send cash
- DO NOT told the payment (tuWl)
- DO NOT staple the check or money order to the payment stub(s)

TOTAL AMOUNT DUE

\$

70.00

PAYMENT AMOUNT ENCLOSED

CXZ>

TO ENSURE PROPER CREDIT PLEASE RETURN THIS STUB Wmt VOUH PAYMENT
0DQD007352770D01

