



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2015-4119
Type: Ordinance
File created: 5/6/2015
Status: Passed
In control: City Council
Final action: 7/29/2015
Title: Handicapped Parking Permit No. 98606
Sponsors: Silverstein, Debra L.
Indexes: Handicapped
Attachments: 1. O2015-4119.pdf

Date	Ver.	Action By	Action	Result
7/29/2015	1	City Council	Passed	Pass
7/23/2015	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	
5/6/2015	1	City Council	Referred	

MEMORANDUM FOR TRAFFIC REGULATIONS

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc: North Seelev Avenue

Location, etc: No. 6720 (Permit No. 98606)

Distance or extent:

Hours: *at all times*

Days: *no exceptions*

NICOLE KETTANEH

490-002 02/14

**APPLICATION FOR DISABLED PARKING SIGNS 98606 PLEASE
READ THE FOLLOWING CAREFULLY BEFORE COMPLETING
THE FORM**

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).

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4. Applicant Last Name

2. State Identification Number

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| ZIP CODE

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7 Address where signs will be posted

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Home

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8. Phone Numbers

9. Current Permanent Disabled Placard Number

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

10 Current License Plate Number of Vehicle that will be

parked in the space: ^/s~j / Q-J'

12 Provide a Description of Medical Condition and Disability muf/ln^ A&rflA. 0/t'ermanent disability

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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.)?

14.If you answered Yes to question 13, please describe the alternative parking available. ☐ Garage, ☐ Driveway, ☐ Car Port; ☐ Other.

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

16 Do you use assisted devices? ☐ YES 3 NO If yes, what type do you use?

17 A. y o u a M SCOPES r f N O f i W V ^ g & ' W V X y .

Date

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 penalty of not less than \$100 and not more than \$500, under Section 9-64-050 (f) of the Municipal Code of Chicago.

Signature.

FOR OFFICE USE ONLY

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Jan. Feb. Mar. Apr. May Ju