



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-186
Type: Ordinance **Status:** Passed
File created: 1/13/2011 **In control:** City Council
Final action: 2/9/2011
Title: Handicapped Parking Permit No. 73164
Sponsors: Olivo, Frank
Indexes: Handicapped
Attachments:

Date	Ver.	Action By	Action	Result
2/9/2011	1	City Council		
1/13/2011	1	City Council	Referred	

MEMORANDUM FOR TRAFFIC REGULATION PROHIBITION AGAINST PARKING (Except for the Disabled)
 Applicant Name: ABEL ROMAN
 Primary Street Address: 3920 W 69TM STREET, CHICAGO, IL 60629 Location Signs to be Posted: 3920 W 69TM STREET Permit Number: 73164 Hours: At all times Days: No Exceptions

ALDERMAN FRANK OLIVO, Ward 13
2

FRANK OLIVO
 Alderman, 13th Ward
 6500 S. Pulaski Road - 60629 Telephone: (773) 581-8000

CITY COUNCIL
 CITY OF CHICAGO
 COUNCIL CHAMBER SECOND FLOOR. CITY HALL 121 NORTH LASALLE STREET
 TELEPHONE: (312) 744-3076
 COMMITTEE MEMBERSHIPS
 AVIATION - COMMITTEES RULES and ETHICS FINANCE
 LICENSE and CONSUMER PROTECTION BUDGET TRAFFIC CONTROL and SAFETY ZONING

January 4, 2011
 Honorable Patrick O'Connor Chairman
 Committee on Traffic Control and Safety 121 N. LaSalle Street, Room 300 Chicago, IL 60602
 Dear Chairman O'Connor:
 I wish to override the following application for handicapped parking signs:
 3920 W. 69th Street - #73164
 Your assistance with this matter will be greatly appreciated. If you have any questions, please call Shari Knight at (773) 581-8000.
 With kindest personal regards, I remain
 Sincerely,
 cm***

Frank J. Olivo Alderman, 13th Ward
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BEFORE COMPLETING THE FORM

APPLICATION FOR DISABLED PARKING SIGNS jgg^ 73164 PLEASE READ THE FOLLOWING CAREFULLY xr

An application will not be considered complete unless; /L^<^?^_~^ • All lines of the application have been completed in full; !^J*^A-*<2^k7
A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of (hesapplicator) fee; JPlease note: The application fee shall be waived for any/person holding a valid, current disabled veterans plate. Vr 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; •/VProof 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 ma:l at P.O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A S2S\00 maintenance. " fee will be billed to you annually. Should you have questions of concerns, please call our permit processing division at 312' 7 744-PARK (7275).

1. Date of Birth 2. State Identification Number

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4. Applicant Last Name j MI fl | First Name 1 |AiBlrs|Li | ; j M M

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5. Home Address (primary residence)
STREET NUMBER 314. S1^ET MAUE

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<file:///x/l/l/> |b|c|c> |2r?

6. Address where signs will be posted
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7. Phone Numbers

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Home

Business

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3. Current Permanent Disabled Placard Number j Registered to

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Relationship to Applicant

Current License Plate Number

Registered to J__ City Sticker No.

Relationship to Applicant Cj L f^&F

10. Description of Medical Condition and Disability

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

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

J NO

12. If you answered Yes to question 11, please describe:

yj Garage; Driveway; J Car Port; Other:

13. Is your off-street Yes;

&

^/Jarkmg accessible?

• No. Please explain: ft) Q o Q ^ pj (i^ u^

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

FOR OFFICE USE ONLY

FEE

PLACARD/PLATE

cVre:

RESIDENCY

COMPLETE