



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-550  
**Type:** Ordinance                      **Status:** Passed  
**File created:** 1/13/2011              **In control:** City Council  
**Final action:** 3/9/2011  
**Title:** Handicapped Parking Permit No. 38333  
**Sponsors:** Lane, Lona  
**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:

"South Wood Street at No. 8547 Permit No. 38333."

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

**Applicant / Nordica Freeman**

**tONA LANE Alderman, 18<sup>th</sup> Ward**

Oty of Chicago Richard M. Dalej, Mayor

Department of Revenue

BeaReyna-Hickey Dirwtor

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<<http://www.ci.chi.il.ui>>

### **DISABLED PERMIT PARKING**

#### **REMOVAL APPLICATION**

**FOR SIGN REMOVAL REGARDING PROHIBITED PARKING**

**EXCEPT FOR DISABLED PERMIT NUMBER 3 3^**

( Please print<

or type.)

**NAME OF DISABLED INDIVIDUAL: ^ b<k \Co^ tt^CAW REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:**

( Please print or type current sign location address. )

CHICAGO, ILLINOIS (ZIP CODE). (PHONE NUMBER)

REASON FOR REMOVAL: L \ < J ; v \ c ^ \ ^ O- V \ v ^ y « b i

ILLINOIS VEHICLE LICENSE NUMBER: \_

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disabled Placard )

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

*BEST OF MY KNOWLEDGE: J ^ l v v A k j ^ ^ J ^ S ^ J y ^ C Q J n*

( Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN, ;

APPLICANT: DO NOT WRITE BELOW THIS LINE ALDEI ^ A h i l ^ E R T r F T c A T S N T ^

(Ward)

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