



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2012-8104  
**Type:** Ordinance  
**File created:** 11/15/2012  
**Status:** Passed  
**In control:** City Council  
**Final action:** 12/12/2012  
**Title:** Handicapped Parking Permit No. 81530  
**Sponsors:** Silverstein, Debra L.  
**Indexes:** Handicapped  
**Attachments:** 1. O2012-8104.pdf

| Date       | Ver. | Action By                                  | Action              | Result |
|------------|------|--|---------------------|--------|
| 12/12/2012 | 1    | City Council                               | Passed              | Pass   |
| 12/10/2012 | 1    | Committee on Pedestrian and Traffic Safety | Recommended to Pass |        |
| 11/15/2012 | 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 Oakley Avenue                      at No. 6255  
Permit No. 81530."**

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

**Alderman, 50th Ward**

**Applicant / Tina Giordano**

Dec-M-2000 11:28am From-CITY OF CHICAGO OEPT OF REVENUE

# DISABLED PERMIT PARKING

## REMOVAL APPLICATION

City of Chicago Richard M. Daley, Mayor

Department of Public Works

Hugh P. Murphy Director

City of Chicago, 121 North Dearborn Street Chicago, Illinois 60602 (773) 321-1616 (773) 321-1617 (FAX) (773) 321-1618 (TTY)

lit(p://www.ci.chi.il.us)

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

(Please print or type.) NAME OF DISABLED

INDIVIDUAL: If/He/She/It

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location)

(location address.)

CHICAGO, ILLINOIS (ZIP CODE).

(PHONE NUMBER).

REASON FOR REMOVAL: iP^O^C^ ;

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE:

**we-1**

(Please provide information only if billing information ditTep^) ILLINOIS VEHICLE LICENSE NUMBER:  
ILLINOIS

(W or V plntes)

S DISABLED PLACARD NUMBER

(Secretary of State Disabled Placard)

TION IS CORRECT TO THE

CERTIFICATION: THE ABOVE BEST OF MY KNOWLEDGE:  
(Ward)

(Signature of Applicant) ^ FORWARD THIS COMPLETED

APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

**NEIGHBORHOODS**

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