



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2014-5057  
**Type:** Ordinance                      **Status:** Passed  
**File created:** 6/25/2014              **In control:** City Council  
**Final action:** 7/30/2014

**Title:** Handicapped Parking Permit No. 77793 - remove  
**Sponsors:** Zalewski, Michael R.  
**Indexes:** Handicapped  
**Attachments:** 1. O2014-5057.pdf

Date	Ver.	Action By	Action	Result
7/30/2014	1	City Council	Passed	Pass
7/23/2014	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	
6/25/2014	1	City Council	Referred	

**Committee on Pedestrian and Traffic Safety  
City Council Meeting June 25, 2014**

**OVER RIDE**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:**

**SECTION 1. That an ordinance heretofore passed by the City Council prohibited parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:**

**"5239 S. Kostner Ave.      " No. 5239 S. Kostner Ave.  
Permit # 77793 Maria Magana**

**Michael R. Zalewski Alderman, 23<sup>rd</sup> Ward**

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

**DISABLED PERMIT PARKING  
REMOVAL APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING  
EXCEPT FOR DISABLED PERMIT NUMBER 111 93

( Please print or type.)

NAME OF DISABLED INDIVIDUAL: /77/f/S//h ffi.4GA/vA REMOVAL LOCATION OF  
DISABLED PARKING SPACE REQUESTED:

^- t^osr-A/etC

( Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)

REASON FOR REMOVAL: Alei/iMG

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

( Secretary of State Disabled Placard) CERTIFICATION: THE

ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE: Jg\*£\*- /Vu<~s/\*/t<^

;c Signature ) (Date)

Q.2> (Ward)

( Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR

ALDERMAN.

APPUCANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION: , w . , , ^

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