



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2015-3466
Type: Ordinance
File created: 4/15/2015
Status: Passed
In control: City Council
Final action: 5/6/2015
Title: Handicapped Parking Permit No. 79821 - remove
Sponsors: Silverstein, Debra L.
Indexes: Handicapped
Attachments: 1. O2015-3466.pdf

Date	Ver.	Action By	Action	Result
5/6/2015	1	City Council	Passed	Pass
4/29/2015	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	
4/15/2015	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 Francisco Avenue at No. 6250
Permit No. 79821."**

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

Applicant / Ishak Sheba

DEBRA L. SILVERSTEIN
Alderman, 50th Ward

Dec-M-2000 11:26am From-CITY OF CHICAGO DEPT OF REVENUE

City of Chicago Richard M. Daley, Mayor

Department of Revenue

Hugh P. Murphy Pirog

City Room 121 North La Salle Chicago, Illinois 60602 pi 21 7-14-6 Mfi (3121744-0471 |F.X> |j|2i?-140;V5 ITTYI
http://unh.cn.ni.il ih

DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 7982/

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: IS/f/WS SW&B/Q

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP

CODE > A06£? (PHONE NUMBER) 2

REASON FOR REMOVAL: Mff\i±iZ>



NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE: _

(Please provide information only if billing information differs.)

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:

(Affirmation Signature)

(Signature of Applicant) FORWARD THIS COMPLETED

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

ALDERMANIC CERTIFICATION:*

JS&.

(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.