	Office of the City Clerk Legislation Details (With Text)				City Hall 121 N. LaSalle St. Room 107 Chicago, IL 60602 www.chicityclerk.com
PATED 4th MAY					
File #:	020	15-3468			
Туре:	Ord	inance	Status:	Passed	
File created:	4/15	5/2015	In control:	City Council	
			Final action:	5/6/2015	
Title:	Handicapped Parking Permit No. 90195 - remove				
Sponsors:	Silverstein, Debra L.				
Indexes:	Handicapped				
Attachments:	1. O2015-3468.pdf				
Date	Ver.	Action By	А	ction	Result
5/6/2015	1	City Council	P	assed	Pass
4/29/2015	1	Committee on Pedestrian	and R	ecommended to Pass	

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 Seeley Avenue

1

Traffic Safety

City Council

at No. 6438 Permit No. 90195."

Referred

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

Alderman, 50th Ward

4/15/2015

## Applicant / Jesus E. Cordero

Dbc-M-2000 II:26am From-CITY OF CHICAGO 0EPT OF REVENUE

City of Chlcuj'o Richard M. Daley, Mayor

Department of llmnue

Htialt P. Murphy Divistlor

("Uy IWI. Rnoin 107 121 North LaSalle Strew Ctiicago. Illinois 6(16(17. L)l2| 744-61-16 (.1121744-0471 (FAX| lj|2)7-14-:!V??i |TTY> Uitp.//u. ww .ci.cni.il < http://ci.cni.il> «i

## (Please print or type.) NAME OF DISABLED

INDIVIDUAL: J<f>14J> £■ /v REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

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

606^ (PHONE NUMBER) 7 7j - '6^'^

REASON FOR REMOVAL:  $tfv \lor e$  ps  $idi^JL$ .

## N AME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE: jt

(Please provide Information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER: ^^f^

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER! C F If 01\$ (Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

<u>BEST OF MY VMnurr nnr.c</u>

<u>- ^-f^Z-^-^^^</u>

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LI (Ward)

ALDERMANIC CERTIFICATION:

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