



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2015-3754  
**Type:** Ordinance **Status:** Passed  
**File created:** 5/6/2015 **In control:** City Council  
**Final action:** 6/17/2015  
**Title:** Handicapped Parking Permit No. 47348 - remove  
**Sponsors:** Foulkes, Toni  
**Indexes:** Handicapped  
**Attachments:** 1. O2015-3754.pdf

| Date      | Ver. | Action By                                  | Action              | Result |
|-----------|------|--|---------------------|--------|
| 6/17/2015 | 1    | City Council                               | Passed              | Pass   |
| 6/11/2015 | 1    | Committee on Pedestrian and Traffic Safety | Recommended to Pass |        |
| 5/6/2015  | 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:

"South Maplewood Avenue at No. 6446  
Permit No. 47348."

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

**Applicant / Daniel A. Walsh**

City of Chicago Richard M. Daley, Mayor  
Department of Revenue

Bea Reyna-Hickey Director

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

311 LD PARKING

— (Please print or type.)

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED

PERMIT NUMBER:

(Please print or type.)

NAME OF DISABLED INDIVIDUAL:

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE)

(PHONE NUMBER)

REASON FOR REMOVAL: ^

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State) CERTIFICATION: THE ABOVE

INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

(Signature of Applicant)

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

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