



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2016-8150
Type: Ordinance
Status: Passed
File created: 11/1/2016
In control: City Council
Final action: 12/14/2016
Title: Handicapped Parking Permit No. 80964 - remove
Sponsors: Zalewski, Michael R.
Indexes: Handicapped
Attachments: 1. O2016-8150.pdf

Date	Ver.	Action By	Action	Result
12/14/2016	1	City Council	Passed	Pass
12/8/2016	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	
11/1/2016	1	City Council	Referred	

Committee on Pedestrian and Traffic Safety

City Council Meeting November 1, 2016

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:

"5158 S. Normandy Ave." No. 5158 S. Normandy Ave.
Permit No.80964 Elizabeth Morado

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

Michael R. Zalewski Alderman, 23rd Ward

Gty of Chicago Richard M. Daley, Mayor

DepartotBi ofKeresoe
BcaReyns-Hickey Director

Gty Hill, Room 107 121 North LaSdlt Strwt Chicago, Huofa 60602 (312) 7474747 (IRIS) (312)
74*0471 (FAX) (312) 744.2J75 (TH)
<http://www.ci.chiil.iB>"

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED
PERMIT NUMBER joHUH

(Please print or type.)

NAME OF DISABLED IM)rVIDTJAL: &.i7Jtp>&Tk MoKAQP REMOVAL LOCATION OF
DISABLED PARKING SPACE REQUESTED:

(Flense print or type cuneutsign location address.)

CHICAGO, ILLINOIS (ZIP CODE) ^ 0 ^ ^ (PHONE NUMBER) _

REASON FOR REMOVAL: W °

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:

' ■

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

rZ

(Aldensanic Stature)

(Date)

03 ii-a-il*
(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

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