

Office of the City Clerk

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

Legislation Details (With Text)

File #: 02016-8330

Type: Ordinance Status: Passed

File created: 11/1/2016 In control: City Council

Final action: 12/14/2016

Title: Handicapped Parking Permit No. 97007 - remove

Sponsors: Silverstein, Debra L.

Indexes: Handicapped

Attachments: 1. O2016-8330.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	

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 Hoyne Avenue at No. 6234

Permit No. 97007."

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

Applicant / Miroslav Kucurski

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Alderman, 50th Ward

bc-14-2000 H:2Bm Fron-CITY OF CHICAGO DEPT OF REVENUE

Zhy of Chicago Richard M. Oatej, Major

Department of llmnue

Hhgli P. Murphy Director

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DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR

DISABLED PERMIT NUMBER

(Please print or type.)

NAME OF DISABLED INDIVIDUAL*. f\A \ Y Q -S L A V \\ IA QI[A/S K < REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZTP CODE Jj?0(\$'^\ (PHONE NUMBER)

REASON FOR REMOVAL: K1\f)\1 P1O

NAME AND ADDRESS OF PERSON CURRENTLY BEING

BILLED FOR ANNUAL SIGN MAINTENANCE FEE:

(Please provide Information only if billing Information difTers.) ILLINOIS VEHICLE LICENSE NUMBER;.

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ILLINOIS DISABLED PLACARD NUMBER,-.

(Seofetary of State Disabled Placard) CERTIFICATION:

THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE: S>^ $^{\circ}$ C ^-^ / S Ic^V^j C o> H« | N f \

(Signature of Applicant) " $f^{(.4)} Vp^{Wf}$,

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. ALDERMANIC CERTIFICATION

APPLICANT: DO NOT WRITE BELOW pjlS LINE /] r\

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, KM 1- \b (Ward) (Dale)

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