



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
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Legislation Details (With Text)

File #: O2019-531
Type: Ordinance
File created: 1/23/2019
Status: Failed to Pass
In control: City Council
Final action: 9/18/2019
Title: Handicapped Parking Permit No. 119278
Sponsors: Silverstein, Debra L.
Indexes: Handicapped
Attachments: 1. O2019-531.pdf

| Date | Ver. | Action By | Action | Result |
|-----------|------|--|-------------------------|--------|
| 9/18/2019 | 1 | City Council | Failed to Pass | |
| 9/10/2019 | 1 | Committee on Pedestrian and Traffic Safety | Recommended Do Not Pass | |
| 1/23/2019 | 1 | City Council | Referred | |

MEMORANDUM FOR TRAFFIC REGULATIONS PROHIBITION AGAINST

PARKING (Except for the Handicapped):

Street, etc: West Morse Avenue

Location, etc: No. 2724 (Permit No. 119278)

Distance or extent:

Hours: at all times

Days: no exceptions

JOHN N. STONE

Alderman, 50th Ward

**APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE
FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM**

490-002 02/14

119278

An application will not be considered complete unless:

All lines of the application have been completed in full;

A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee; Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate. Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted at the time of application;

Proof of residency, in the form of a copy of your drivers license, state identification, state issued medical card, or the following utility bills: Peoples Gas, ComEd, or City of Chicago water bill are submitted at the time of application.

Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Finance facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275).

1. Date of Birth

MO DAY

0 | % | ^ |

4 Applicant Last Name

SITIO | N | E |

STREET NAME

5 Home Address (primary residence)

STREET NUMBER

☐ rent ☐ own Mother

STREET NAME

MO-
-VI.

7 Address where signs will be posted

STREET NUMBER

Home

a.|-q-|-a-|H-

8. Phone Numbers

i n i -3i aifc m ?>\s

9. Current Permanent Disabled Placard Number

bT3 "76 | 9.3

10 Current License Plate Number of Vehicle that will be parked in the space: 5 | ^ g £ £ U | 1

, WARD NUMBER

5S0

Relationship to Applicant

Relationship to Applicant Stlf

11 Does the registered owner of the vehicle reside at the address of the applicant?

12. Provide a Description of Medical Condition and Disability

Alternative Parking Please note your application may be denied if you have alternative accessible off-street parking options

13. Is there off-street parking available at your primary residence

(i.e., garage, car port, driveway, etc.)?

4. If you answered Yes to question 13, please describe the alternative parking available: ☐ Garage, ☐ Driveway, ☐ Car Port, ☐ Other

15 If alternative parking is available, why are you unable to access the space? Please explain

ES ☐ NO If yes, what type do you use?

Crar^e. \s -\bp -far fVtM 6lq6V without" :?feps. s& un Acces<bU^

16 Do you use assisted devices? STYES ☐ N

17 Are you able to walk 200ft? ☐ YES ISTno If no, why? ^>ajY^ + \ ^ ^ -f ^ [, * (, *-(- ^

Affirmation: Under penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I hereby certify and attest that the statements set forth in this document are true and correct. I acknowledge that, pursuant to Section 1-21-010 of the Municipal Code of Chicago, persons who make material false statements on this application may be fined not less than \$500 and not more than \$1,000, plus three times the city's damages, litigation costs, collection costs and attorney's fees. I acknowledge that providing false information on this application or omitting material information from this application may result in denial of the application. I also understand that it is my responsibility to immediately notify the Department of Finance of any changes in the information provided or I may be subject to a Denalty of not less than \$100 and not more than \$500, under Section 9-64-050 (f) of the Municipal Code of Chicago.

Date.

Signature .

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