



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-60
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 2/9/2011
Title: Handicapped Parking Permit No. 77793
Sponsors: Zalewski, Michael R.
Indexes: Handicapped
Attachments:

Date	Ver.	Action By	Action	Result
2/9/2011	1	City Council		
1/13/2011	1	City Council	Referred	

MEMORANDUM FOR TRAFFIC REGULATIONS

Over-Ride

PROHIBITION AGAINST PARKING EXCEPT FOR THE DISABLED Name Applicant: Maria Magana
Primary Street Address 5239 S. Kostner Ave., Chicago, IL 60632

Location Signs to be Posted: 5239 S. Kostner Ave

Permit # 77793

Work Order Number:

Hours: At all times

Days: No Exceptions

City Council Meeting January 13, 2011

23rd Ward Alderman

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

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, or utility bills 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 Revenue 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 f_A2. State Identification Number

A MO , _ DAY _ viYEAR: <#..""[5y _w _ _

A. Applicant Last Name

3. Drivers License Number

MI

First Name

5. Home Address (primary residence)

^STREEOUMBER^ , , , , ^A^ , , , , ■■1.. /9 . . .
I ZIP CODE

UO\te\3\S~

6. Address where signs will be posted
f STREETNUMBER I | STREE/T NAME , , 1 ,

/fii3i4i VTWrii\<\i\leK

7. Phone Numbers Home
,, WARD NUMBER

i£i3

-7I7I3T7i^i7T^iVjf \5 bmgT^i WWI ?\^\'

Business

8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant

9. Current License Plate Number

Registered to

City Sticker No.

lib

Relationship to Applicant

10. Description of Medical Condition and Disability LfW< o£ { } /f(IsTltA br£ /h/(0
) 0

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

11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

☐ YES

NO

12. If you answered Yes to question 11, please describe:

☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your off-street parking accessible? , .-■«* d-..^s;: 'a™^,^iif:>if

Yes; feW Please explam: /t^c^^^

14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine of not less than \$100 but no more than \$500, and the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

FOR OFFICE USBQNLV

AAFEF

☐ PLACARD/PLATE ☐ RESIDENCY ☐ COMPLETE V /(J -