



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-61  
**Type:** Ordinance  
**File created:** 1/13/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 3/9/2011  
**Title:** Handicapped Parking Permit No. 75946  
**Sponsors:** Burnett, Jr., Walter  
**Indexes:** Handicapped  
**Attachments:**

| Date      | Ver. | Action By                               | Action              | Result |
|-----------|------|---|---------------------|--------|
| 3/9/2011  | 1    | City Council                            | Passed              | Pass   |
| 3/8/2011  | 1    | Committee on Traffic Control and Safety | Recommended to Pass | Pass   |
| 1/13/2011 | 1    | City Council                            | Referred            |        |

City Council Meeting January 13,2010

### MEMORANDUM FOR THE CITY CLERK

### PROHIBITION AGAINST PARKING SIGNS FOR THE DISABLED

NAME APPLICANT:

PRIMARY STREET ADDRESS: LOCATION SIGNS TO BE POSTED: PERMIT: HOURS:  
DAYS:

CAROLYN CALHOUN

951 N. AVERS 951 N.A VERS 75946 ALL

ALL

Walter Burnett Jr, Alderman, 27th ward

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APP1JCA10 M FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY  
BEFORE COMPLETING THE FORM

75946

An application will not be considered a

- All lines of the application have been
- A check or money order for \$70.00 Please note: The application fee is
- Disability must be permanent as evidenced by a doctor's statement submitted at the time of application
- Proof of residency, in the form of a driver's license, state identification, or utility bills are submitted at the time of application.

Complete unless: none completed in full:

Fee payable to the City of Chicago is submitted as payment of the application fee: all fees waived for any person holding a valid, current disabled veterans certificate identified by a copy of their valid disabled placard and/or current valid registration.

Completed application forms may be received in person, or via mail at P.O. Box 8C3100. Fee will be billed to you annually Show 744-PARK (72751

Turn in to: the office of your alderman, any City of Chicago Department or Bureau, Illinois, IL60680-3113, ATTN: Disabled Permitting Section. A \$25.00 maintenance deposit is required. If you have questions or concerns, please call the permit processing division at 312

i. Date of Birth

4. Applicant Last Name

First Name

State Identification Number; or

Driver's License Number

Driver's License Number

MI  
5. Home Address (primary residence)  
STKEFNUWOL" :» I MHEITN»»IC  
6. Address where signs will be posted

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7 Phone Numbers

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First Name

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Home

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8 Current Permanent Disabled Placard Number

9. Current License Plate Number

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Business

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Registered in  
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Registered to ! City Slicker No

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10. Description of Medical Condition and Disability.

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Alternative Parking: Please note your application may be denied if you do not have alternative accessible on-street parking available.

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

12 If you answered Yes to question 11, please indicate: J Driveway: J Car Port

• primary residence -J YES Z) NO  
describe.

>rl J Other

13 Is your off-street parking accessible to you? .21 No Please explain.

14 Affirmation: I hereby affirm that the information above is true and correct to the best of my knowledge and belief, and the applicant Revenue of any changes in information.

Information is true and correct to the best of my knowledge and belief, and the applicant Revenue of any changes in information. The applicant shall be subject to a 'me or' nor less.

Signature ^ ,iTV~U^C^~^"

Date ... C

FOR OFFICE USE ONLY

JTL

PLACARD/PLATE  
RESIDENCY J COMPLETE "q