

Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-145

Type: Ordinance Status: Passed

File created: 1/13/2011 In control: City Council

Final action: 2/9/2011

Title: Handicapped Parking Permit No. 69544

Sponsors: Rugai, Virginia Indexes: Handicapped

Attachments:

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

City Council January 13,2011

Memorandum for Traffic Regulation Parking Prohibited Except for Disabled

Location: 10889 South Prospect

Permit Number: 69544

Work Order Number: Days: Hours:

At all times
Other:
At all times
Override denial

Alderman, 19^{U1} Ward December 7, 2010

ALDERMAN VIRGINIA RUGAI WARD 19

10400 S WESTERN AVE. CHICAGO, IL 60643

Dear ALDERMAN RUGAI:

The Department of Revenue received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: SAMUEL A WILLIAMS

Applicant's Address: 10889 S PROSPECT AVE

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: GARAGE AT LOCATION Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact our office at 312.742.7434. Very truly yours,

Anthony Gambino Manager of Parking

File #: O2011-145, Version: 1

cc: Mayor's Office for People with Disabilities

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APPLICATION FOR DISABLED PARKING SIGNS 69544 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 S70.00 made payable to the City ot Chicago is submitted as payment of lhe atipn.;> i-n>r< fee Please note: The application fee shall be waived tor any person hoiding a valid, current disabled veterans ol.iu-
- Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle roq^iratn.n 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 a: t'e time of application. Completed application forms may be returned to: the office of your alderman, any Cily of Chicago Deparimeni of Revenue facility, or via mail at P.O. Box 803100. Chicago. IL 60680-3100. ATTN: Disabled Permitting Section A S2.5.00 maintenance fee will be billed to you annually. Should you have Questions or concerns, please call our permit cocessmg division ;■; 3'2-744-PARK (7275).

1 Date of Birth 2 State Identification Number . **Dnvois License N:intier**

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M	Eirct	Name

4 Applicant Last Name H±\\ .^j/QA

5. Home Address (primary residence)

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9. Current License Plate Number Registered to

City Sticker No. i

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Alternative Parking: Please note your application may be denied I you have alternative accessible oH-i.treet p.-vkmo irinn

: 11 Is there off-stroet parking available at your primary residence -J YES

(i.e., garage, cai port, driveway, etc V

i 1? If you answered Yes to question 11. please describe

-I Garage. J Dnveway: J Car Pon. J Other : 13 Is your olt-slreot parking accessible? i 111" j JYes: *2 No Please explain: •\$ f) £(£(f) L'-f.£| L t(< I d U I C-

14 Affirmation -I hereby affirm that the above information is tale and correct. If the Cily ol Chicago Deparimeni ol Rovenu; di.'.<:'njni.'.' lhat the applicant has falsely represented one or more of lhe above conditions, the applicant shall be subject to a line of not less than \$100 but no more than \$500. and the application shall be denied I also understand thai it is my responsibility lo notify Ihe Deparimeni ot Revenue of any changes in the information provided.r-^

Signature ^^^^kJ^I^^^ Date |0 ' {' A^tO

FOR OFFICE USE ONLY ' (T^VV - <7/7 7 \$X!"

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