



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-148
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 2/9/2011
Title: Handicapped Parking Permit No. 77017
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: 10354 South Troy

Permit Number:

77017

Work Order Number:

Days: V At all times

Hours: At all times

Other:

Override denial

Alderman, 19th Ward

December 14, 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: CATHERINE MESKE Applicant's Address: 10354 S TROY

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,

cc: Mayor's Office for People with Disabilities

"TO IK)/

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

77017

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 medical statement submitted at the time of application.
- Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills; submit with the application.

Completed application forms may be returned to: the office of your alderman any City of Chicago Department of Public Works facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100. ATTN: Disabled Permitting Section A SLT. 00 m.t nvnarkP fee will be billed to you annually. Should you have questions or concerns, please call out permit process at 774-4-PARK (72751).

1 Date of Birth

2

State Identification Number

Drivers License Number

3 Applicant Last Name

MI

4 City, State, and Zip

5 Home Address (primary residence)

6

Address where signs will be posted /

First Name

posted

7 Phone Numbers

Home / Business

8 Current Permanent Disabled Placard Number Registered to Relation

9 Current License Plate Number

Registered to City of Chicago

Relations: hi

10 Description of Medical Condition and Disability

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

12 Is there off street parking available at your primary residence? YES NO

13 Is there a garage, car port, driveway, etc? YES NO

14 If you answered Yes to question 11 please describe

15 A. Garage: B. Driveway: C. Car Port: D. Other

16 Is your off-street parking accessible? YES NO Please explain

17 Affirmation I hereby affirm that the above information is true and correct. If the City of Chicago Department of Public Works determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine of \$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 Public Works of any changes in the information provided.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

J PLACARD/PLATE

J RESIDENCY

J COMPLETE