

Legislation Details (With Text)

File #:	O20	11-182			
Туре:	Ordinance		Status:	Passed	
File created:	1/13/2011		In control:	City Council	
			Final action:	2/9/2011	
Title:	Handicapped Parking Permit No. 77866				
Sponsors:	Olivo, Frank				
Indexes:	Handicapped				
Attachments:					
Date	Ver. Action By		Action		Result
2/9/2011	1	City Council			
1/13/2011	1 City Council Referred				
TELEPHONE: (312) 74 COMMITTEE MEI AVIATION - COMMITT LICENSE and CONSU January 4, 201 Honorable Patr Committee on Dear Chairman I wish to overrie 6424 S. Kostne Your assistanc Shari Knight at With kindest pe Sincerely, Frank J. Olivo A MEMORANDUM Applicant Name: Primary Street A KOSTNER Perm	BER g_{44-307} MBEF TEES F UMER 1 1 1 1 1 1 Traff 1 0'C de th e wit (773) e wit (773) Alde Alde M FOI CALCENT	RSHIPS RULES and ETHICS FINANCE PROTECTION BUDGET TRAFFIC D'Connor Chairman fic Control and Safety 12 Connor: the following application f 77866 th this matter will be gre 3) 581-8000. thal regards, I remain rman, 13 th Ward R TRAFFIC REGULATION /IN R DALY	CONTROL and S 21 N. LaSal for handicap atly apprect N PROHIBIT HICAGO, IL	SAFETY ZONING le Street, Room 300 Chicago, oped parking signs: ated. If you have any question ION AGAINST PARKING (Exce 60629 Location Signs to be Post	ns, please call pt for the Disabled)

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

77866

File #: 02011-182, Version: 1

 An'aoplication will not be considered complete unless: Ail lines ot the application have been completed in full; A check or money order for \$70.00 made payable to me 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 .'. lime ol application. :Completed application forms may be returned to: Ihe office or 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 S25.00 maintenance lee. will be billed lo you annually. Should you have questions or concerns, please call our permit processing-division st 312-7^-PARK C7275). j •: Diiio of Birth ; ∎∎!.- A:/[?i'. !nr Ui:-/. Name ./∎#/∎/ ! S 1; 2 State Identification Number Drivers L'ccnsc Nu,m;;er firs; Nanio •Si L'\ V - / :/l/| | j .; 5. Home Adult uss {primary m-miencs} LC; Ai.i-.rcss A[;]h!.;ro stijrs will he posted Fhr-ii: Numbers Ho[.]i ^J£\A}0J2......|° O ; 7 \5~3\/\/ <file:///5~3/\/\> 1(p-S\/ 7 Registered to _____%£\^IAhj.-JML\I_{Relationship} to Applicant ____ ¹ B. Current Pornarienl Disabled Placard Number a:.L£I: ii 1 i S.-- Current License Plate Number Registered 'o ! City Sticker Mo. _N Relationship to Applicant / 10 Docsct'tption of Medical Condition and Disability Alternative Parking- Please note your application xmf be domed if you nave alternative accessible off-strcot parking options. f.ls tw»c cfr-siteei parking available at your primary-residence - {i.e., garage, car port, driveway, etc.)? V -- -..:- jj YES _I NO f<Ht ye« ans'.veigd Yes to question 11, pleasa describe: J oarage. _J Driveway; J Car Port: .! .:. I;>.jcKii ol!;-;raei parking accessible''' '_) Oilier: - iShfcs. j^jNo. Please explain: Q \fi ".J..J TO.....C>, . t.t Ai'ir. Mtiw I hereby allirm thai ihe above information is true ond cor.-ect. II the Cuv ci Chicago Deportment ol Rove :+>...; detemwrs 'mm::,m-: ...ij;iji,-,n:t litis I.-i.sely represented ono oi more ol ihe nhovc conditions, the applies¹! shal' be subject to a line ci to! los'] V-?:" **LUX**: ;; - nn nif.'f. than \$500, and C'Isi Mpi'wtlion shall be denied I alsc unusrstand that :: is my responsibility to noi?!y I'i':; Dacv".'i:":si ol './ Hi'Vi:o'.ii-, v s.ijai'iocs in !lie-j'% «qa!i&fHirOvic'Cd. 11 i e«^»t»H iia t ion^iro v i c: c ct --....-..-../J-/0/

FOR OFFICE USE C;NLY h FEE

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