

# Office of the City Clerk

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

### Legislation Details (With Text)

File #: 02011-205

Type: Ordinance Status: Passed

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

**Final action**: 3/9/2011

Title: Handicapped Parking Permit No. 69663

Sponsors: Mell, Richard F.
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	

#### BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

SECTION 1. That an ordinance heretofore passed by the City Council prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

"West Sunnyside Avenue at No. 3550

Permit No. 69663."

SECTION 2. This ordinance shall take effect and be in force upon its passage and publication.

l, Applicant / Margarita Espinosa

RICHARD F. MELL Alderman, 33rd Ward

12/22/2810 14:

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CftjofChlugo Richard M. Palcy, Mayor Department of Rvvcniw Ben Riyna-Hielwy Director City .Hid), Koran 107 121 NortliLiSdlcStml ChicRgo, Illinoi»fi0602 (3t2>747-4747 (IRIS) (312> 74^-017] (FAX) (312)744.2975 fTCY)

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### DISABLED PERMIT PARKING

#### REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER:

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: MarTjQri^TX. f^^Dh^ -REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

File #: O2011-205, Version: 1

# 355Q Lo 'Su^v-viRfctg

(Please print or typ&ciirrent 9ign Jocntion address.) CHICAGO, ILLINOIS (ZIP CODF.^Oto (PHONE

NUMB^M ^1 Q°i " \*f REASON FOR REMOVAL: \YK5Yg-C(

ILLFNOIS VEHICLE LICENSE NUMBER: \fij -<2 \dash D^c i G > 7 \dash Q.

(W ornate)

ILLINOIS DISABLED PLACARD NUMBER: IpU

(Secretary of State)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE:

(Signature ofi&pplicartf^

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE **BELOW THIS LINE** 

ALDERMANIC CERTIFICATION:

(Alderman Signature)

(Ward)

(Date)

AFTBR APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES. BY TUB ALDERMAN, AT THE TIME THE DISABLBD SIGNS REMOVAL ORDINANCE IS INTRODUCED.