

## Legislation Details (With Text)

| "             |                                      |              |               |              |        |
|---------------|--------------------------------------|--------------|---------------|--------------|--------|
| File #:       | Or2                                  | 011-23       |               |              |        |
| Туре:         | Ord                                  | er           | Status:       | Passed       |        |
| File created: | 1/13                                 | /2011        | In control:   | City Council |        |
|               |                                      |              | Final action: | 2/9/2011     |        |
| Title:        | Handicapped Parking Permit No. 74206 |              |               |              |        |
| Sponsors:     | Thomas, Latasha R.                   |              |               |              |        |
| Indexes:      | Handicapped                          |              |               |              |        |
| Attachments:  |                                      |              |               |              |        |
| Date          | Ver.                                 | Action By    | Action        |              | Result |
| 2/9/2011      | 1                                    | City Council |               |              |        |
| 1/13/2011     | 1                                    | City Council | Re            | ferred       |        |

#### ORDINANCE

Ordered, That the Commissioner of Transportation is hereby authorized and directed to give consideration to the installation of a Parking Prohibited At All Times, Handicapped sign #74206 at 7841 S. Loomis on behalf of Elise Johnson.

January 3, 2011 ALDERMAN LATASHA THOMAS WARD 17 7811 S RACINE AVE. CHICAGO, IL 60620 Dear ALDERMAN THOMAS:

The Department of Revenue recommends installation of disabled parking signs as described below. The application has been reviewed and a survey of the location has been conducted. Since the applicant has met the requirements outlined in the Municipal Code, the signs will be installed. Provided is the name and address of the applicant, the exact location proposed for the signs, and the permit number assigned. Please introduce an ordinance to post residential disabled parking signs at the location recommended, if one has not yet been introduced.

Applicant's Name: ELISE R JOHNSON

Applicant's Address: 7841 S LOOMIS

Address/Location of Signs: 7841 S LOOMIS

Permit Number: 74206

Work Order Number: H10-1480

If the proposed ordinance is not passed within four months after its introduction, the permit shall be revoked and the restricted parking signs removed. Should you have any questions or require additional information, please contact our office at 312.742.7434. Very truly yours,

Manager of Parking Enclosure: Disabled Signs Application MEMORANDUM FOR TRAFFIC REGULATION PROHIBITION AGAINST PARKING (Except for the Disabled) Name Applicant: ELISE R JOHNSON Primary Street Address: 7841 S LOOMIS, CHICAGO, IL 60620 Location Signs to be Posted: 7841 S

### LOOMIS Permit Number: 74206 Hours: At all times Days: No Exceptiojis>----^^

#### THOMAS, Ward 17

City of Chicago Richard M. Daley, Mayor

December 30, 2010

#### **Department of Revenue**

Bea Reyna-Hickey Director

City Hall, Room 107A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 7474747 (IRIS) (312) 744-0471'(FAX) (312) 744 -2975 (TTY)

<a href="http://www.cityofchicago.org">http://www.cityofchicago.org</a>

## **NEIGHBORHOODS**

### ELISE R JOHNSON 7841 S LOOMIS CHICAGO, IL 60620

Dear Applicant:

The Department of Revenue has recommended installation of disabled parking signs near your residence. Based on this recommendation, the signs for your restricted parking space will be installed. However, your application must be approved by City Council. If the proposed ordinance is not passed within four months after its introduction, the permit shall be revoked and the restricted parking signs removed.

The parking permit must be renewed annually. The fee is \$25.00. A renewal notice will be mailed one year from the date the signs are installed.

Please be advised that you are required to report any changes to the information provided on your original application to the City of Chicago Department of Revenue. You are also required by City law to notify the Department if you no longer meet the following permit qualifications:

\* You must hold either a valid, current disabled veteran's state registration plate or permanent person with disability license plate, permanent parking placard or device authorized by the Illinois Vehicle Code;

\* Any vehicle parked by you or for you in the designated area must bear the disabled license plate, permanent disabled parking placard or devices issued to you by the State of Illinois;

\* You must continue to reside at the home address listed on the original application.

A residential disabled parking permit will be issued to you by the City of Chicago. It must be placed on the right side of the dashboard. Only qualified vehicles displaying the permit are authorized to park in your restricted parking space. The permit number must be visible from outside your vehicle. The permit will be installed at:

Address/Location of Signs: 7841 S LOOMIS Permit number: 74206

Should you have any questions or require additional information, please contact the City of Chicago's Helpline at 312.742.7434.

AnthonyGambino Manager of Parking Copy: ALDERMAN THOMAS

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

### 74206

An application will not be considered comptete unless:

· All lines of the application have been completed in full;

• A check or money order for S70;00 made payable to the City of Chicago is submitted as payment of trte 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 vehfcfe-regfstfalion' 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 time of application.

Completed application forms may be returned to: the office of 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 \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing 'division at 31-2-744-PARK (7275). !. '

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2.. State Identification Number

#### File #: Or2011-23, Version: 1

4:. Applicant Last Name , MI First Name 4:. Applicant Last Name , 3. Drivers License Number 5, Home Address (primary residence) STREET NOKBSN LOIR SJREIT NAMTID N L:"JJZIPCOCE -\n\f\ <file://-/n/f/>fi/1 Ki \L\o\(o\M 1 tsi -(ih i;

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6; Address where signs wilt bo posted

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7. Phone Numbers Home Business

8. Current Permanent Disabled Placard Number

# 7.13165 TO

0 Registered to y 9. Current License Plate Number Registered to

# <u>'~DH-fir</u>

<J2jty Sticker No. Relationship to Applicant I^O^gcription of Medical Condition and Disability

Alternative Parking^iease note your application may be denied if you have alternative accessible oK-st/eot parking options. J ] 11. Is there off-street parking available at your primary residence {i.e., garage, car port, driveway, etc!)? :

12.If you answered Yes to question. 11, please describe: 
□ Garage; 
□ Driveway; 
□ Car Port; 
□ Other.

13. Is your otf-streetjpafiffng accessible? □ Yes; 3d No: Please explain:

14. Affirmation: i here by-affirm that the above information is true and correct. -If the City of Chicago Department of Revenu^tgrWinss thai the applicant has falsely represented one or more of the above conditions, the applicant shall be Subject to a fine ot not less tftan \$100 but no more thaft \$500, and the application shall be denied. I also understand that it is my responsibility to notify ttj\$ Department of Revenue of R

Date, ESIDENCY Q COMPLETE FOR OFFICE US