



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-297
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 7194
Sponsors: Lyle, Freddrenna
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:

"South Emerald Avenue at No. 6734

Permit No. 7194"

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

Applicant / Charlotte McClain

DISABLED PERMIT PARKING

REMOVAL APPLICATION

City of Chicago Richard M. Daley, Mayor
Department of Revenue
Hudi P. Murphy Director
Cit> Hall, Room 107
121 North LaSalle Street
Chicago, Illinois 60602
(312)7-1-1-6146
(312)1744-0471 (FAX)
(312) "44-2975 (TTY)
http://7niui.L-i.ohi.il.us

NEIGHBORHOODS

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

(Please print of type.)

NAME OF DISABLED INDIVIDUAL R^C^qr lofe ;: ^J\$£&hX*Sir\ REMOVAL LOCATION OF DISABLED

PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE 7^*?<£/rf (PHONE NUMBER), REASON FOR REMOVAL: ' _

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE: _

(Please provide information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER _

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: _

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE ALDERMANIC CERTIFICATION:

(AJdermanic Signature)

(Ward)

(Date)

AFTER APPROVAL. THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES , BY THE ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED.