

Pass

### Legislation Details (With Text)

File #:	O20	11-353				
Туре:	Ordi	nance	Status:	Passed		
File created:	1/13	8/2011	In control:	City Council		
			Final action:	3/9/2011		
Title:	Handicapped Parking Permit No. 3762					
Sponsors:	Levar, Patrick					
Indexes:	Handicapped					
Attachments:						
Date	Ver.	Action By	Act	ion	Result	
3/9/2011	1	City Council	Pas	ssed	Pass	

3/8/2011	1	Committee on Traffic Control and Safety	Recommended to 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:

"North Monitor Avenue at No. 5141

Permit No. 3762."

This ordinance shall take effect and be in force upon its passage and publication. **SECTION 2. Applicant / Mary Monaghan** 

### 'ATRICK J. LEVAR Alderman, 45th Ward

Obc-M-2000 II:26an Fnnn-CITY OF CHICAGO t'EPT OF REVENUE +3127472113 1-005 P.002/002 F-948

Ciiy of Clilcii|;o Mellaril M. Dniey, Mayor Dufnruiieiii nf lleiemie lliiiili P. Murphy |)irei:|nr (itylMI. Rnomlil? 121 Nordi LuSidle Street C|de:i|>n. Illinoisfi£ifi(J."\* (.U217^J-f.l-1f> (.11.117-M-Oni (F.\\10\h IM-Wi iTTY) llllp./Avnu.culli.il lis

# NEIGHBORHOODS **DISABLED PERMIT PARKING**

REMOVAL APPLICATION FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER ^7/^7^ (Please prim or type.) NAME OF DISABLED INDIVIDUAL: AA A A\j f]A O NA6> HA A/ REMOVAL LOCATION OF DISABLED PARKING SFACE REQUESTED:

Si H I a/  $A \land ()$ miro\*L

(Pii;ase print or type cm rent sign location ndrlie.ss.) CHICAGO, ILLINOIS (ZIP CODE &0k30 (THOMENUMBERS 1\*1S>

#### File #: 02011-353, Version: 1

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REASON FOR REMOVAL: AS & >o\_ NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE:\_\_\_\_ (Planeprovide infominiion only il'liilling hifonnMloii diffrs.) ILLINOIS VEHICLE LICENSE NUMBER; (W or V pjnies) ILLINOIS DISABLED PLACARD NUMBER (Secretary of State Disabled Piacard) CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:\_\_\_\_\_\_ (Signnlure of Applicnni) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE ALDERMAN1C CERTIFICATION: 7T~.-t~---(AI de rm mi i c\_S\ gn Mure)

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(Word) (Drue)

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