



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-459
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 2/9/2011
Title: Handicapped Parking Permit No. 73110
Sponsors: Rice, John
Indexes: Handicapped
Attachments:

Date	Ver.	Action By	Action	Result
2/9/2011	1	City Council		
1/13/2011	1	City Council	Referred	

MEMORANDUM FOR TRAFFIC REGULATIONS OVERRIDE PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc:
North Panama Avenue

Location, etc:
No. 3430
(Permit No. 73110)
Distance or extent:

Hours:
at all times

Days:
no exceptions

CHRISTINE W. JASTRZEMBOWSKI

JOHN A. RICE (iderman, 36th Ward)

. ^'APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORIVKrg^

/"application will no) be considered complete unless: All lines of the application have been completed in full; « A check or money order for \$70.00 made payable to the City of. Chicago is .submitted as payment of the application fee

■ Please note: TheapplicationTee shall be waived for anyperson 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 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 312-744-PARK (7275).

1. Date of Birth
MO _ DAY _ YEAR

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2. State Identification Number

3. Drivers License Number

4. Applicant Last Name

J|A

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First Name

C_,...jdLi

5. Home Address (primary residence)

STREET NUMBER

DIR. | STREET NAME

3 | 4 | 3 | 0 | N \ ? \ P \ \ N \ A | M | A

~b \ O | t, | 3 H

6. Address where signs will be posted

STREET NUMBER

3 | 4 | 3 | 0 |

DIK.

STREET NAME

. WARD NUMBER

\ 3 \ 0 >

7. Phone Numbers

Home

1 | 7 | 3 | L | * 15 j fj | 6

3 | g

8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant

9. Current License Plate Number

Registered to /cnnt- -r | |

City Sticker No.

1

Relationship to Applicant

10. Description of Medical Condition and Disability

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Alternative Parking; Please note your application may be denied if you have alternative accessible off-st ^eJpaf4<Tng optjerfeQIQ j ^)|

. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

11

Ci^YES ☐ NO

J

CHICAGO DEPT. OF REVENUE!

12. If you answered Yes to question 11, please describe:

☐ TGarage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your ☐ Yes;

r off-street parking accessible? || ji ^ (v\udl -Gus^Lw ujaXK- * w*- £-W<s. 4» <j&4 +o ■ 4&-<_ ;; SfnO. Please explain: nni/aJf

E<u,idr Lu^t cvt- Id 4e+ 4o 4-U. U,

. 14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant has falsely represented one or more .-'of lhe above conditions, the applicant shall be subject to a fine of not less than \$100 but no more than \$500, and the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

Signature

Date

for office useonly

Xfee

LACARD/PLATE

ESinFNfTY

December 8, 2010

CHRISTINE W JASTRZEMBOWSK 3430 N PANAMA CHICAGO, IL 60634

Dear Applicant:

The Department of Revenue received your request for disabled parking signs. The application was reviewed and a survey of the location was conducted. The Department cannot recommend the application.

The Department's reason for not recommending the application is:

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: GARAGE AT LOCATION Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact us at (312) 742-7434.

Very truly yours,

Manager of Parking