



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-527  
**Type:** Ordinance  
**File created:** 1/13/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 3/9/2011  
**Title:** Handicapped Parking Permit No. 65029  
**Sponsors:** Cardenas, George A.  
**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 Mozart Street at No. 4217

Permit No. 65029."

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

**Applicant / Stanislaw Zalewski**

,\_Jan>06 2011 10:02PM HP LRSERJET FRX

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Bureau jf Parkins Eoforccrr.cn <http://Eoforccrr.cn>!" 2t Em Coajrm Park\*\*) Inil Floor

Chtafo. illinois 6060\$

## = HANDICAPPED PERMIT PARKING

### • REMOVAL APPLICATION

I FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR HANDICAP

PERMIT XOIBER: L>> <5o'Z<sup>0</sup>/

(Please print or type.) SAME OF HANDICAPPED INDIVIDUAL: nT-sUcu ~t(iioj^tl'

REMOVAL LOCATION OF HANDICAP PARKING SPACE REQUESTED:

s iX^A s-kel

(Please princ or cype current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) (qD(q3o{ (PHONE NUMBER) '

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 HANDICAPPED PLACARD NUMBER:

(Secretary of State Handicap Placard)

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

**Mrs. |^qjaL^**

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

APPLICANT: DO NOT WRITE BELOW THIS LINE.

ALDERMANIC CERTIFICATION:

**George A. Cardenas**

(Alteiraanic Signature)

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(Oat\*)

AFTER APPROVAL. THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, THE ALDERMAN. AT THE TIME THE HANDICAP SIGN REMOVAL ORDINANCE IS INTRODUC

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