



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-552  
**Type:** Ordinance  
**File created:** 1/13/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 2/9/2011  
**Title:** Handicapped Parking Permit No. 77267  
**Sponsors:** Maldonado, Roberto  
**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: West Hirsch Street**

#### **Location, etc: No. 3535 (Permit No. 77267)**

#### **Distance or extent: \_**

#### **Hours: at all times**

#### **Days: no exceptions**

**MARIA L. ACEVEDO**

**ROBERTO MALDONADO Alderman, 26<sup>th</sup> Ward**

Jan 06 2011 2:37PM HP LASERJET FAX

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City of Chicago Richard M. Daley, Mayor

Department of Revenue

Bea Reyna-Hickey Director

City Hall Room 107 A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

<http://www.cityofchicago.org> <<http://www.cityofchicago.org>>

December 7, 2010

ALDERMAN ROBERTO MALDONADO WARD 26

2434 W DIVISION ST. CHICAGO, IL 60651

Dear ALDERMAN MALDONADO:

The Department of Revenue received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: MARIA L ACEVEDO Applicant's Address: 3535 W HIRSCH ST

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation:

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 our office at 312.742.7434.

Very truly yours,

Anthony Gambino Manager of Parking

cc: Mayor's Office for People with Disabilities

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## APPUCAT10N FOR DISABLED PARKING SIGNS 77267 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

An application will not 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: 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 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).

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**M I Mi I H 13**

2. State Identification Number

3. Drivers License Mumbor

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4. Appicant Last Name

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5. Home Address (primary residence)

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6. Address where signs wiM be posted

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7. Phone Numbers

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Home

8. Current Permanent Disabled Placard Number

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9. Current License Plate Numbei

Business

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-> Registered to

City Sticker No.

Relationship to Applicant

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Relationship 10 Applicant

10. Description of Medical Condition and Disability 1 \* >

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options

11. Is there off-street parking available at your primary residence ☐ YES

(i.e., garage, car port, driveway, etc.)?

ihvejcca

./no

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

13. Is your off-street parking accessible? ☒ Yes; ☐ No. Please explain:

J

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 the 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 YAOrrfL^A\* O^^O.....

Date

**Check \* 1230 ~**

RESIDENCY ☐ COMPLETE ☒ ~~NOT~~

FOR OFFICE USE ONLY

PLACARD/PLATE