

# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-569

Type: Ordinance Status: Passed

File created: 1/13/2011 In control: City Council

**Final action:** 3/9/2011

Title: Handicapped permit parking at 4018 W Van Buren St

Sponsors: Dixon, Sharon 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:

"West Van Buren Street at No. 4018."

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

Applicant / Sammie Rimpson

SHARON DENISE DIXON Alderman, 24th Ward

05/11/2010 TUB 10:39 FAX IflQDI/OOI

City of Chicago Richard M.Daley, Mayor

Department of Reran\*

Bei Reyna-Hickey Director

City Hall, Room! OTA 121 North LaSflle Street Chicago, iliinois 60602-128« (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

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### DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER

(Please print or type)

NAME OF DISABLED INDIVIDUAL: C^>TO rv^t <L> Q~ l^pS^ry REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED (Please print or type current sign location address) CHICAGO, ILLINOIS (ZIP CODE) ^%lA (PHONE NUMBER)

REASON FOR REMOVAL: \\i e^L ^

ILLINOIS VEHICLE LICENSE NUMBER:



#### ILLINOIS DISABLED PLACARD NUMBER:

CERTIFICATION: THE ABOVE INF; BEST OF BY KNOWLEDGE

(Secretary oTStale Disable Placaid) 1AT10N IS CORRECT TO'

Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION

(Aldennanic 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