

## Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-572

Type: Ordinance Status: Passed

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

**Final action:** 2/9/2011

Title: Handicapped Parking Permit No. 69310

Sponsors: Colón, Rey Indexes: Handicapped

Attachments:

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

CITY COUNCIL January 13, 2011

MEMORANDUM FOR TRAFFIC REGULATION

PROHIBITION AGAINST PARKING: EXCEPT FOR THE DISABLED:

Name Applicant: Rosa Parada

Primary Street Address: 2842 N. Sawyer Location Signs to be Posted: 2842 N. Sawyer Permit Number:

69310 Hours: At all times Days: No Exceptions

Rey Colon

Alderman, 35<sup>th</sup> Ward

1

City of Chicago Richard M. Daley, Mayor

December 8, 2010 Department of Revenue

City Hall, Room 107A 121 North LaSalle Street

Bea Reyna-Hickey Director

ALDERMAN REY COLON WARD 35 2710 N SAWYER CHICAGO, IL 60647

Chicago, Illinois 60602-1288

Dear ALDERMAN COLON:

(312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

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: ROSA PARADA Applicant's Address: 2842 N SAWYER

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 our office at 312.742.7434.

File #: O2011-572, Version: 1

Very truly yours, Antrrony Gambino Manager of Parking

cc: Mayor's Office for People with Disabilities

BUILDING CHICAGO TOGETHRR

## APPUCATION FOR DISABLED PARKING SIGNS 69310 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 S70.00 made payable lo the City of Chicago is submitted as payment of the application ?ee; P.ease 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 ci application; Proof of residency, in lhe iorm of a copy of your drivers Ncen.se <a href="http://Ncen.se">http://Ncen.se</a>, slate identification, or utility bills are submitted at the t^rne ot application.

Completed application forms may be returned to: Ihe office of your alderman, any City of Chicago Department oi Revenue facility, or via ma;' at P.O. Box 803!00. Chicago. IL 606S0-3100. ATTN: Disabled Permitting Section. A \$2-3.or- maintenance fee w-ll be t\*tod to yo« annually. Should you have questions of concerns, please call ov permit process<sup>^</sup> division at 3-Z-?.t.t-PARK

Br::': State klc-tifical.oi! Nii'n;:«.»». j Driven\* L.r;ons<; Vji\*er I Mi!; Vsn Nano Home Address sii'irc.iiry residence.! v ;:n., v.MI I;c- pasted r- ---- ■" /-, v.-' A.. . I. y P.c-fiis:srcd is ■...•■■i.'-r- fto;.-.- i i::r::l:c- ! RcQ:S!viiOd to Cty Scow Ny. I f<e "i-on: • ;•. :...;>^JJ1 £> $^t$ ......U.( $^s$ 1 $\pm$ L $^y$ .1.....~". ■ Coi'diii'.'". cii<sup>,!</sup>! t' • .-.:.■!\*. v .!•-•;-! .ir.-S^; 3: v.;-.!.' :;;> :; $_{i}$ ;/ t'- $_{i}$ 5 ; >if Y£S J NO \ i: ytiii wivfuw. Ves to eui-v.to--\*'. piease describe: "a-Gsruge: J Driveway: J Car Pen; J Other. 'ta is your off'stms; pariung acciMsihie? #r\*:\*,^y i Uj>' -h Pro\*, s h> Hr\*(. \*<j,-/>^"•yi., JYes: No please explain: J «=/. Vrt,/>^T" P/. 1Af,«+-C4>rj T»fci d ,j{ ltJ/is ifC .U-J.C. **'\$**". 14. Affirmation: thereby affirm mat trie- above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant hes lalsely represented one or more of 'he above conditions, the applicant shall be subject lo a line ol not less i-.xzn St00 but no rr.ore 'an

S500, and the application shall be denied, i also understand that it is my responsibility to notify the Dapaaiisni of Revenue of any changes in the information provided.

S'trau.rf.^ ^^V^. /i\*-Itjy ■■■ , ..... <sup>Date</sup> /.P...^./IS/~?...... FOR OFFICE USEOpiLY \ / \7 UWfWIO^

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