

Office of the City Clerk

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

Legislation Details (With Text)

File #: 02011-586

Type: Ordinance Status: Passed

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

Final action: 2/9/2011

Title: Handicapped Parking Permit No. 78095

Sponsors: Ervin, Jason C. **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 Ferdinand Street

Location, etc:.

No. 4911

(Permit No. 78095)

Distance or extent:

Hours:

at all times

Days:

no exceptions

MICHAEL L. SINGLETON

klderman, 28th Ward

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 n6te: 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, slate 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

NO ._ OAV

YGA«

File #: O2011-586, Version: 1

- 2. State Identification Number
- 3. Drivers License Number
- 4. Applicant Last Name

I|c!,|Vioi<ni i I I I I

HomeAddres6

STHEET NIIMAFR

мі **І**

First Name

rr\i.\(LMa\<L\ (

imary residence)
STHEET NIIMAFR DIH." STREET NAME

6. Address where signs will be posted STREET NUMBER DIR. STREET NAME

a-

Mig 1 111 Imnie.|r|dU Inlalnld

^ Tot l6> u Tin la \<J

Business <J WARD NUMBER

8. Current Permanent Disabled Placard Number

Registered lo

9. Current License Plate Number

ysz-

Registered to r\^aVf/ygL:Si-<Na\^->I

City Sticker No.

Relationship to Applicant

10. Description of Medical Condition and Disability itWi

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

11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?_• 3-r*ES QNO

12. If you answered Yes to question 11, please describe: □ Garage; □ Driveway;

13.ls your olf-streelparking accessible?

ffW Please explain, ^^yj ^,,4^

14. Affirmation: I hereby affirm that the above information is irue and correct. II the City ol Chicago Department ol 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 lhan \$100 but no more than \$500, and the application shell be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the informatiap-pfoyided.

FOR OFFICE USSQNLY

#FEE - PLACARD/PI ATF

S d 6059919£89 "°N/90: ^I IS/IO^I 0102 11 03Q(I dd)

20/0

mO > £006578

□ RESIDENCY □ COMPLETE &~yviL HI I IMS 03 NVWMQIV WOdd

Dw-17-10

File #: O2011-586, Version: 1

01:01pm Frro-

T-03S P.001/001 F-172

November 17, 2010

Gtj of ChiuMp I Riekard ML Dale;, Mayu| DcpairaaM of Revenue |

BaReyni-tiidtcy Olncior

MICHAEL L SINGLETON 4911 W FERDINAND CHICAGO, IL 60644

Ciiy Hall, Room 107A] 21 Nonh LaSaHe Stxwt j Chicngo. Uliiwu 60602-1288 mil иртті

(312) 747-4747 (DOS) (JI2) 7444471 (FAX) (312) 744-Z975 (TnO

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.

Dear Applicant:

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

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: GARAGE AT LOCATIOr

Appeals must be filed within ten (10) d ays. 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, Anthony Gambino Manager of Parking

I d 60?95I9S89°N/90:t?I 'IS/ZO^L 0L02 M 03Q(I«d) HI I MS 03 NVWy3QIV WOdJ