



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-587
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 2/9/2011
Title: Handicapped Parking Permit No. 67467
Sponsors: Dixon, Sharon
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: _South Central Park Avenue_

Location, etc: No. 1251 (Permit No. 67467)

Distance or extent: _

Hours: at all times

Days: no exceptions

REBECCA SANDERS

SHARON DENISE DIXON Alderman, 24th Ward

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

b/4b/

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).

1. Date of Birth

2. State Identification Number MO _

DAY _ _ - FEAR _ _ C

3. Drivers License Number

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K>i3Riftoi8

4. Applicant Last Name ■ ■ ■ ■ ■ iSiaintlkiiriSi I I^M

First Name

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f i

5. Home Address (primary residence) STREET NUMBER DIR. STREET NAME

it ZIP CODE II

6. Address where signs will be posted STREET NUMBER WARD NUMBER nlrlKI 1 1 I 1 1 1 1 1 Iart-I

Clelnl+lrkali 1 iP

7. Phone Numbers Home n is Business I i T 1 i "T 1 I 1

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8. Current Permanent License Registered to

Relationship to
Applicant

9. Current License Plate Registered to Y.tK>eccx-

City Sticker No.

Relationship to Applicant

10. Description of Medical Condition and Disability */P. rs^7 /ttrvAjrMr

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 ☐ NO (i.e., garage, car port, driveway, etc.)?

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

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

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

Date.

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FOR OFFICE USEJJ^LY

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City of Chicago Richard M. Daley, Mayor

Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-047 (FAX) (312) 744-2975 CITY)

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

July 1,2010

REBECCA SANDERS 1251 S CENTRAL PARK CHICAGO, IL 60623

Dear Applicant:

The Department of Revenue has received your application for disabled parking signs. A parking study will be conducted and the application will be reviewed for compliance with Chapter 9-64-50 of the Municipal Code of Chicago. The Department will make its recommendation within thirty (30) days of the receipt of the completed application and fee. Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

Department of Revenue Permitting Section

NEIGHBORHOODS

City of Chicago Richard M. Daley, Mayor

November 18,2010

Department of Revenue

Bea Reyna-Hickey Director

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

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

REBECCA SANDERS 1251 S CENTRAL PARK CHICAGO, IL 60623

Dear Applicant:

The Department of Revenue has received a response from the Mayor's Office for People with Disabilities (MOPD) regarding the denial of your application for disabled narking signs. The origin?' decision *o not rBcomrriend your application has been upheld.

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

Copy: ALDERMAN DIXON

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