



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-821  
**Type:** Ordinance  
**Status:** Failed to Pass  
**File created:** 2/9/2011  
**In control:** City Council  
**Final action:** 4/13/2011  
**Title:** Handicapped Parking Permit No. 77283  
**Sponsors:** Maldonado, Roberto  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-821.pdf

Date	Ver.	Action By	Action	Result
4/13/2011	1	City Council	Failed to Pass	Fail
3/8/2011	1	Committee on Traffic Control and Safety	Recommended Do Not Pass	Pass
2/9/2011	1	City Council	Referred	

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

### 77283 igji j 9010

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

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4. Applicant Last Name

3. Drivers License Number

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5. Home Address (primary residence)

STREET NUMBER 01a | STHEET HH \* \$ h . .

MI 1 First Name

, | ZIP CODE

6. Address where signs will be posted

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7. Phone Numbers Home m | Business ^|3 I iTi |7i ii

8. Current Permanent Disabled PIRegistered to

Relationship to  
Applicant

9. Current License Plate Number Registered to »

City Sticker No.

Relationship to Applicant

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fcSaS

10 Description of Medical Condition and Disability / x\*v

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

J YES 34\*5

12. K you answered Yes to question 11, please describe: ■J Garage: □ Driveway: J Car Port: J Other:

13. Is your off-street parking accessible?

□ Yes;

□ No. Please explain:

if i&iK. I<sup>1</sup>.

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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Page 1 of 2

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City o 'Chicago Richard M. Daley, Mayer

December 16, 2010

Dejrtarmcnt pf Revenue

Bca Rcynn-Hickcy Director

City Hall, Room l07A 121 North LaSalle Street Chicago. llllMH 60602-1288 (.112) 747.4747 (IRIS) (.112) 744-0471 (F AX) (3121 744-2975 (TTY)

<http://www.cityofchicdgo.org>

FLORENTINO GARCIA 3314 W PIERCE AVE CHICAGO, IL 60651

Dear Applicant:

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.

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

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 us at (312) 742-7434.

Very truly yours,

Anthony Gambino Manager of Parking

December 29, 2010

To whom it may concern:

We, Aida and Virginio Gonzalez are the owners of property: 3314 W. Pierce Ave, Chicago, IL 60651. We are requesting handicap parking signs and/or poles be installed in front of our building for a tenant who lives in the second floor of our building. Our tenant, Florentine Garcia is handicap and it makes it difficult for him to get from the building to his car and vice versa. The garage is unavailable as it's already occupied with other tenants from our building. Please feel free to contact us with any questions or concerns.

Thank you.

Aida and Virginio Gonzalez 3314 W. Pierce Ave Chicago, IL 60651 773-387-7576