

# Office of the City Clerk

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

# Legislation Details (With Text)

**File #:** O2011-945

Type: Ordinance Status: Passed

File created: 2/9/2011 In control: City Council

**Final action:** 5/4/2011

Title: Loading/Standing/Tow Zone(s) at 5433 W Addison St

**Sponsors:** Cullerton, Timothy M.

Indexes: Loading/Standing/Tow Zones

**Attachments:** 1. O2011-945.pdf

Date	Ver.	Action By	Action	Result
5/4/2011	1	City Council	Passed	Pass
5/3/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
2/9/2011	1	City Council	Referred	

# **Standing/Loading Zone Application**

**CHECKLIST** 

In order for your request to be reviewed, your application must be complete and include (please check off):

- □ Letter on comrainy letterhead requesting a standing zone or loading zone, specifically detailing the reasons for the zNre. If there is not enough room on this application to answer all questions fully, please provide this informartoia in your letter.
- □ Two photograph^f the proposed location: one from across the street directed at your location and the second from the sioeN^lk at a property adjacent to your business.
- ☐ A diagram detailm^he building, sidewalk, street, proposed location of the zone and all other parking restrictions on adjacen^|roperties, including measurements. (Example provided)

ij^"Completed Business Information Section.

'H^Tompleted Loading, Standing or Valet Zone Section.

jP^iigned Certification Section.

# **BUSINESS INFORMATION**

Business Name:

Business Address/Signs Location:

£i3 2 (J frOOlSort CtkC^O Zip: 606tU

Billing Address (if different):.

Zip:

Federal Identification Number: Occupancy Limit:

Present parking regulations at your location (meters, etc): ^^

**Business Hours:** 

Monday:  $^{\circ}$  \( \square \) Thursday:  $^{<}$  --- 7, J Sunday: ---

Tuesday:  $Cj-\sim ^; Jd$  Friday: f-? Wednesday:  $^! - ! 'o e$ 

Length of Time at Location: // j/AS

Number of Full-Time Equivalent Employees

: 、

Scope of Business Activity: /aUk/1/Mc£ #\*U> S^rxJct^L, fffhJOU^ <j

j?¥o) Ulal. House\_.\_\_\_

Business Licenses Held:

Contact Name: fjfo fljU S 'TjLLm /HQ Title: .

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Contact Phone Number:  $(1 \sim 2J)$  (\$T -£7S7 Email: /J^IUIU. TjlUM-fiJ • &SVS@F\*V\* 'CO\* Please fill out one of the following sections according to the type of zone you are requesting. D Check if Applicable

#### AMENDMENT TO EXISTING ZONE

If you wish to amend an existing zone, please complete this section and fill out one of the following sections according to type of zone amendment you are requesting. Complete this section only if you currently have a standing/loading zone and you would like to make changes to it.

Type of Existing Parking Restriction:

□ Loading Zone □ 15-Minute Standing Zone

□ Valet Loading Zone □ Other: \_ Restriction Times for Existing Zone:

Monday: Thursday: Sunday:

Tuesday: Friday: Wednesday: Saturday:

Length of Zone:. Last Invoice Number:

feet and approximately\_

\_Permit Number: . vehicle spaces

Permit Date:

Please continue to one of the following sections according to the type of amendment you are requesting.

Check if Applying

### 15 MINUTE STANDING ZONE

Please understand that:

- Vehicles parking in standing zones are limited to 15 minutes and must have their hazards flashing while the driver is away from the vehicle.
- Vehicles extending their stay over the 15 minute time limit are in violation of the Chicago Municipal Code and are liable to receive a citation.
- Even though the standing zone is placed adjacent to your business, vehicles standing in the zone for the allotted time are not obligated to patronize your business.
- It is illegal to post additional signage in the public way, including signage, which would cause one to assert that the loading zone is reserved solely for your business.

Restriction Times Requested:

Monday: 30 Thursday: ^-S^'. Jo Sunday: «-----

Tuesday: Cf -  $2 > ^$  Friday:  $^ ?o$  Wednesday:  $c^ ?o$  Saturday: < - /. '0 >

Length of Zone:.

feet or approximately.

. vehicle space(s)

Reason for Zone / Business activity requiring standing zone: CMS pJ/Mv'-f CJ>/ $\sim$ £- (P < fD j) fiy Please describe the availability/restrictions of on-stieet parking: f < V'' + V'' +

On the average day, how many sales/visits would utilize the zone? <^ & out of a total of

#### CERTIFICATION

### To be completed by business owner/manager:

/ hereby certify that all statements made as part of this application and any attachments herein are true to the best of my knowledge and belief. I also understand that a standing/loading zone ordinance is introduced to the City Council at the discretion of 38. Ward Alderman Thomas Allen - submission of this application does not guarantee the granting of a standing/loading zone. The analysis of this application will weigh the benefits of placing the zone adjacent to my business versus the disadvantages of the reduction of available street parking in the area. I acknowledge that the issuance of a standing/loading zone [is a privilege granted by the City of Chicago and not a right of my business ownership - the curb lane is and shall remain the property of the City. I agree to accept the decision of the Alderman to partially or fully accept, or deny my application.

Furthermore, I agree to follow all applicable laws as outlined by the Municipal Code of the City of Chicago, and requirements as put forth in this application and by the Committee on Traffic Control and Safety, the Department of Transportation, and the Department of Revenue. I also understand that the standing/loading zone may be removed at the Alderman's discretion or at the urging of any City Department.

Signature:  $fJUvi/^{\wedge} T^{\wedge}/JtYU!^{\wedge}$  Date: ©Cfty/24//

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Print Name:  $/fid\ rU^S T \sim /Ll^nW T_{k|e:} fiy \pounds_f SCfs\ rfrW\ ftfrfo$ 

# •38th WARD SERVICE REQUEST FORM\*

Message Taken By /» f\_ DATE: 1"! ] })\_ Precinct No.

NAME (Mr./Ms./Mrs.) fit-Gr^Ts "77"/7 KY^d. K)

**HOME ADDRESS** 

HOME

**PHONE** 

**ZIP 606** 

WORK /\_ CELL

PHONE bp 6^-1^7 ^ "7 PHONE

Address of service request if different from above:

## SERVICES REQUESTED: FORESTRY:

Tree Removal SEE

Tree Trim SEF

Stump Removal SEA

Plant Tree SED

\_Tree Emergency SEC

Yard Debris SEL

#### STREET LIGHTS:

\_Street Light Out SFD

Alley Light Out SFA

Block Out & Timers SFE

\_New alley light/bulb SFP

Pole door missing SFQ

#### **SEWERS:**

Water in Street AAE

Clean Sewer CHECKFOR

Sewer Cave In AAD

Water in Basement AAF

Miscellaneous.

Inspect alley sewer AAI

Private sewer program APD

**GRAFFITI GRAF** 

### **STREETS & ALLEYS:**

Street Patch ' PHF

Restore Cut in Street PBF

\_Street Resurface

Alley Patch || PHB

Alley Grading

\_Alley Resurface

Cave-in alley) PHD

\_Speed hump in alley/street

Curb repair/new curbs

# **GARBAGE CARTS:**

Damaged Cart;

Additional Cart.

## **SIGNS:**

New Service' Burned I Missing SIE

S1H

**Permit Parking** 

Handicap Parking

Sign Problem PCE

Do Not Enter missing PCD

Stop missing PCB

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One-Way missing PCC

# WATER DEPT:

Street Leak WM3

Restore Parkway WM4

Hydrant Leak WM3

Parkway Leak WM3

Restore Area WM4

Grade B-box WBE 1

Paint Hydrant, Curb WB8

Paint Mark-new

PaintMark-exist.street STREETPA

# **WARD YARD:**

Check property

\_Grass/Yard Waste

Misc. Streets & San

**RODENTS SGA** 

UNABLE TO SERVICE MISC. REQUESTS POLICE MATTER

(Specify Below)

ANIMAL CONTROL HOUSING/ZONING VIOLATION SPECD7IC DETAILS:

DISPOSITIO N->->->

Letter Date Date Called,

Referred to Staff Member:

**Fax Date** 

311 Entry Date

**FOLLOW UP NEEDED?:** 

Department Referred To:

**FOLLOW UP NEEDED?:** 

i.