



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-966  
**Type:** Ordinance  
**File created:** 2/9/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 3/9/2011  
**Title:** Handicapped Parking Permit No. 74672  
**Sponsors:** Stone, Bernard  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-966.pdf

Date	Ver.	Action By	Action	Result
3/9/2011	1	City Council	Passed	Pass
3/8/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
2/9/2011	1	City Council	Referred	

till FEB 2 fin 8

January 19, 2011

ALDERMAN BERNARD STONE WARD 50

121 N LA SALLE STREET - 203 CHICAGO, IL 60602

Dear ALDERMAN STONE:

Please see the attached application for disabled parking signs. The applicant is requesting a restricted parking space within your ward.

The Department of Revenue will conduct a parking study and review the application for compliance with Chapter 9-64-50 of the Municipal Code of Chicago. The Department will make its recommendation to you within thirty (30) days of the receipt of the application fee.

Should you have any questions or require additional information, please contact our office at 312.742.7434.

Deputy Director Department of Revenue

Enclosure: Disabled Signs Application

## APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM 74672

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 MO\_\_DAY\_\_YEAR *D/C L & I £ I G* 2. State Identification Number *■ j*  
3. Drivers

License Number

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4. Applicant Last Name *a M £ \ r Z \ p \ £ U \ | | | | | | | | |*

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First Name *b W \ \$ \ E*

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5. Home Address (pm

residence) STREET NAME

II ZIP CODE *C*

STREET NUMBER

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6. Address where sins

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7. Phone Numbers Home *R T / o | 9 | / T < ? | £*

Business

8. Current Permanent Disabled Placard Number

*Registered to H / O f ^ I ^ r X / r ^ I G > . L r \* \* e \**

Relationship

9. Current License Plate Number

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City Sticker No.

Relationship

10. Description of Medical Condition and Disability *] i C c b ; ' / ■ / > < " ■ a i i J U / « o U ( ? - h e y t - ^ - c ^ f k*

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? 'iu 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

**FOR OFFICE USE ONLY**

☐ PLACARD/PLATE

☐ RESIDENCY      ☐ COMPLETE