

Legislation Details (With Text)

File #:	000	11 1502				
-	O2011-1592					
Туре:		nance	Status:	Passed		
File created:	3/9/2	2011	In control:	City Council		
			Final action:	4/13/2011		
Title:		Handicapped Parking Permit No. 73393				
Sponsors:	Colón, Rey					
Indexes:	Handicapped					
Attachments:	1. 0	2011-1592.pdf				
Date	Ver.	Action By	A	ction	Result	
4/13/2011	1	City Council	Р	assed	Pass	
4/6/2011	1	Committee on Traffic Control and Safety		ecommended to Pass	Pass	
3/9/2011	1 City Council		R	Referred		
application has the requirement Provided is the number assign recommended Applicant's Nat Applicant's Add Address/Locati Permit Number Work Order Nu If the proposed	nt of R been nts out name ed. Ple dress: ion of r: 7339 unber: l ordin	evenue recommends reviewed and a surve lined in the Municipal (and address of the ap ease introduce an ordi has not yet been intro FEVEN ROSADO 1621 N RICHMOND S Signs: 1621 N RICHM 33 H11 -130 ance is not passed wit	y of the location Code, the signs oplicant, the exa nance to post re oduced. ST OND ST hin four months	ct location proposed for the sidential disabled parking s after its introduction, the pe	e the applicant has met signs, and the permit igns at the location	
	our of s,	ffice at 312.742.7434.	bnoula you nave	any questions or require ad	Julional Information,	

BUILDING CHICAGO TOGETHER

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) 744-0471 (FAX) (312) 744-2975 (TTY)

<http://www.cityofchicago.org>

February 7, 2011

STEVEN ROSADO 1621 N RICHMOND ST CHICAGO, IL 60647

Dear Applicant:

The Department of Revenue has recommended installation of disabled parking signs near your residence. Based on this recommendation, the signs for your restricted parking space will be installed. However, your application must be approved by City Council. If the proposed ordinance is not passed within four months after its introduction, the permit shall be revoked and the restricted parking signs removed.

The parking permit must be renewed annually. The fee is \$25.00. A renewal notice will be mailed one year from the date the signs are installed.

Please be advised that you are required to report any changes to the information provided on your original application to the City of Chicago Department of Revenue. You are also required by City law to notify the Department if you no longer meet the following permit qualifications:

* You must hold either a valid, current disabled veteran's state registration plate or permanent person with disability license plate, permanent parking placard or device authorized by the Illinois Vehicle Code:

* Any vehicle parked by you or for you in the designated area must bear the disabled license plate, permanent disabled parking placard or devices issued to you by the State of Illinois;

* You must continue to reside at the home address listed on the original application.

A residential disabled parking permit will be issued to you by the City of Chicago. It must be placed on the right side of the dashboard. Only qualified vehicles displaying the permit are authorized to park in your restricted parking space. The permit number must be visible from outside your vehicle. The permit will be installed at:

Address/Location of Signs: 1621 N RICHMOND ST Permit number: 73393

Should you have any questions or require additional information, please contact the City of Chicago's Helpline at 312.742.7434. truhwours.

Anthorw Gambino Manager of Parking Copy: ALDERMAN COLON

APPLICATION FOR DISABLED PARKING SIGNS 73393 PLEASE READ THE FOLLOWING CAREFULLY BM=bfte 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 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 2. State Identification Number 4. Applicant Last Name

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3. Drivers License Number "j **MI I First Name**

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

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

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7. Phone Numbers Home Business

7 17 13 I6l<7l3l4f 15

8. Current Permanent Disabled Placard Number

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9. Current License Plate Number

1L5 60-5?

Registered to Registered to City Sticker No.

<u>l</u><u>l</u><u>i</u>..... Relationship to Applicant

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Relationship to Applicant 5£LF_ 10. Description ot Medical Condition and Disability

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

I NO

12. If you answered Yes to question 11, please describe:

□ Garage: □ Driveway; □ Car Port; □ Other.

13.1s 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 ^^"^Tujrv^ ^ tr%*rtfit> Date _Jr (o H

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