



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-3052  
**Type:** Ordinance  
**File created:** 4/13/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 6/8/2011  
**Title:** Handicapped Parking Permit No. 33573  
**Sponsors:** Cardenas, George A.  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-3052.pdf

Date	Ver.	Action By	Action	Result
6/8/2011	1	City Council	Passed	Pass
6/6/2011	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	Pass
4/13/2011	1	City Council	Referred	

### BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

**SECTION 1.** That an ordinance heretofore passed by the City Council prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

"South Hoyne Avenue at No. 4743  
Permit No. 33573."

**SECTION 2.** This ordinance shall take effect and be in force upon its passage and publication.

**Applicant / Mary Ann Sheehan**

**George A. Cardenas** GEORGE A. CARDENAS Alderman, 12th Ward

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773-523-8440  
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### ; HANDICAPPED PERMIT PARKING

' REMOVAL APPLICATION

I FOR SIGN REMOVAL RECARDINC PROHIBITED PARKING EXCEPT FOR HANDICAP

■ PERMIT N'LM3ER:\_33jSIIS\_

| (Please princ or type.)

NAME OF HANDICAPPED INDIVIDUAL: g^UggWrm y M\_w,\_j ft REMOVAL LOCATION OF HANDICAP

PARKING SPACE REQUESTED:

4 7^3 4. \_

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) (q&(f-2>fL (PHONE NUMBER)

NAME AND ADDRESS OR PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE : . 3\*5ra^ ei^ , -An^ty<L\_\_\_\_\_

(Please provide information only if billing information differs.) ILLINOIS

VEHICLE LICENSE NUMBER: \_ (w or v places)

ILLINOIS HANDICAPPED PLACARD NUMBER:

(Secretary of State Handicap Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE;

(Signature of applicant) I FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE.

ALDERMANIC CERTIFICATION:

**George A. CarHunat**

(Aldermanic Signature)

{'w'j rd )

(Date)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES. THE ALDERMAN, AT THE TIME THE HANDICAP SIGN REMOVAL ORDINANCE IS INTRODUCED: