



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-6085  
**Type:** Ordinance  
**File created:** 7/6/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 9/7/2011  
**Title:** Handicapped Parking Permit No. 4497  
**Sponsors:** Sposato, Nicholas  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-6085.pdf

Date	Ver.	Action By	Action	Result
9/8/2011	1	City Council	Passed	Pass
9/7/2011	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	Pass
7/6/2011	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:

"North New England Avenue at No. 3512  
Permit No. 4497."

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

**Applicant / Jaclyn Doherty**

**Alderman, 36th Ward**

City of Chicago Richard M. Daley, Mayor  
Department of Revenue  
Bea Feyna-HicksY Director  
City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312) 747-4747 PRE) (312) 744-471 (FAX) (312) 744-2975  
CITY)  
<<http://www.ri.clilil.us>>

BUUDMC CHICAGO TOOETHEE

## **DISABLED PERMIT PARKING REMOVAL APPLICATION FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED**

**PERMIT NUMBER** yy??

ii  
( Please print or type.)

**NAME OF DISABLED INDIVIDUAL:** Jad, \J f\ fc>0 k €rj~\ **REMOVAL LOCATION OF  
DISABLED PARKING SPACE REQUESTED:**

*a<r/aL N . flew -England- /he*

( Please print or type current sign location addf^.)

*CHICAGO, ILLINOIS (ZIP CODE) (pO^(PHONENUMBER) 773" REASON FOR REMOVAL: fY)Q \J*  
*cd-*

ILLINOIS VEHICLE LICENSE NUMBER:

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER:

"\* ( Secretary of State Disabled Placard ) CERTIFICATION: THE ABOVE INFORMATION IS CORRECT  
TO THE

BEST OF MY KNOWLEDGE:

( Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE ALDERMANIC CERTIFICATION:

(Ward)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES,  
BY THE ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS  
INTRODUCED

\*\* TOTAL PAGE.04 \*\*