



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-6687
Type: Ordinance
File created: 7/28/2011
Status: Passed
In control: City Council
Final action: 9/8/2011
Title: Handicapped Parking Permit No. 75113
Sponsors: Thomas, Latasha R.
Indexes: Handicapped
Attachments: 1. O2011-6687.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
7/28/2011	1	City Council	Referred	

MEMORANDUM FOR TRAFFIC REGULATION

PROHIBITION AGAINST PARKING (Except for the Disabled) Name Applicant: OWENITA SHANNON
Primary Street Address: 454 W 80TH STREET, CHICAGO, IL 60620 Location Signs to be Posted: 454 W 80TH STREET . Permit Number: 75113 Hours: At all times
Days: No Exceptions

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>>

June 23, 2011

ALDERMAN LATASHA THOMAS WARD 17

7811 S RACINE AVE. CHICAGO, IL 60620

Dear ALDERMAN THOMAS:

The Department of Revenue recommends installation of disabled parking signs as described below. The application has been reviewed and a survey of the location has been conducted. Since the applicant has met the requirements outlined in the Municipal Code, the signs will be installed.

Provided is the name and address of the applicant, the exact location proposed for the signs, and the permit number assigned. Please introduce an ordinance to post residential disabled parking signs at the location recommended, if one has not yet been introduced.

Applicant's Name: OWENITA SHANNON

Applicant's Address: 454 W 80TH STREET

Address/Location of Signs: 454 W 80TH STREET

Permit Number: 75113

Work Order Number: H11 -604

If the proposed ordinance is not passed within four months after its introduction, the permit shall be revoked and the restricted parking signs removed. Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

Anthony Gambino Director of Administration II

Enclosure: Disabled Signs Application

BUILDING CHICAGO TOGETHER

City of Chicago Richard M. Daley, Mayor

June 23, 2011

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>>

OWENITA SHANNON 454 W 80TH STREET CHICAGO, IL 60620

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: 454 W 80TH STREET Permit number: 75113

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

Very truly yours,

*f)J*y,*

Antftony Gambino Director of Administration II

Copy: ALDERMAN THOMAS

49CM)02 1M7/0S

APPUCATION FOR DISABLED PARKING SIGNS 75113 PLEASE READ THE FOLLOWING CAREFULLY BEFORE 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 lee 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 ihe time of application;
- Proof of residency, in lhe form of a copy of your drivers license, stale 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 *no 10p5 1* 2. State Identification Number *SisIOI*³. Drivers License Number

4. Applicant Last Name *5\H\(\w\[k]\o\u\ i i i i i i i i* MI 1 First Name *biiA/i^iA/i *

5. Home Address (pn , many DIR. residence) *7ioFt ^&\^+\ i i i i i i i i rfcWp*

6. Address where signs will be posted STREET NUMBER 1 MR. | STREET NAME *HIS MI* . WARD NUMBER *1 1 1 1 1 1 1 !*

7. Phone Numbers Home

Business

8. Current Permanent Disabled Placard Number

Registered to *Dvd&t^nQ Sh* Relationship to Applicant

9. Current License Plate Number

Registered to City Sticker No. Relationship to

10. Description of Medical Condition and Disability

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? ☐ 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

AT^Ss^^E

☒ COMPLETE s-nkao

FOR OFFICE USE ONLY

PLACARD/PLAT

RESIDENCY