



# Office of the City Clerk

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

## Legislation Text

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File #: O2012-8644, Version: 1

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### MEMORANDUM FOR TRAFFIC REGULATIONS

#### **OVERRIDE**

#### **PROHIBITION AGAINST PARKING (Except for the Handicapped):**

**Street, etc:**                      **West Crystal Street**

**Location, etc:**                      **No. 5134**                      **(Permit No. 82643)**

**Distance or extent:**

***Hours:***                                      ***at all times***

**Days:**                                      **no exceptions**

**Alderman, 37th Ward**

Dec- 1Z 2012    11:37HM    HP    LASERJET FRX

**Department of Finance**  
**CITY OF CHICAGO**

November 7, 2012

PATRICIA NELSON  
5134 W CRYSTAL  
CHICAGO, IL 60651

Dear Applicant:

The Department of Revenue received your request for disabled parking signs. The application was reviewed and a survey of the location was conducted. The Department cannot recommend the application.

The Department's reason for not recommending the application is:

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING  
Explanation: 7 SIGNS POSTED ON THE BLOCK, GARAGE AT LOCATION

Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact us at (312) 747-0114.

Very truly yours,

Anthony Gambino Director of  
Administration II

33 NORTH LASALLE STREET, SUITE 600, CHICAGO, ILLINOIS 60602

Dec 1, 2012 11:37AM HP LASERJET FAX

**Alternative Accessible Parking - Verification of Ownership**

If you are not the owner of the Alternative Accessible Parking (garage, driveway, carport), please have the building owner or landlord complete this form and have it notarized. Return this form along with your appeal letter within 10 days of the date of this notice to the Mayor's Office for People with Disabilities, 121 N. LaSalle, Room 104, Chicago, IL 60602. Should you have any questions, please contact Maria Zeimet at (312) 744-4441.

Name of Landlord/Building Owner

Address 5 V 5 °\ y4 ^ S~V

I verify that I am the landlord or building owner where the Alternative Accessible Parking

(garage, driveway, carport) is located and that ^Pc^V^yg W ^tsA^ <A.

(Applicant's

Name) is not permitted to use the space located at the above address as an alternative to street

parking due to the following reason(s):

(Check one or all that applies)

a I use it for my own personal use.

• I rent the space to someone else.

"PC The garage is not usable and in need of repair.

• There is no garage.

o Other: .

can be contacted at (Phone Number)

I hereby affirm that the above information is accurate. If either the Department of Revenue or Mayor's Office for People with Disabilities determines that the applicant has falsely represented one or more of the above statements, the application shall be denied.

Signature of Building Owner/ Landlord

Notary Name: . Notary Signature: Date: //

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**For office use only: Permit Number**

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**November 18, 2012**

**The Mayors Office for People with Disabilities Disabled Parking Signs Appeal City Hall, Room 104 121 N. LaSaile  
St. Chicago, IL. 60602**

**To whom it may concern:**

**I am writing to appeal the denial for a handicap parking space in front of my residence. I do have a one car garage; however the garage is not stable and is unsafe. Also, the parking space in front of my residence would be closer to my front door in comparison of walking from the garage to my front door.**

**My various ailments include osteoarthritis, sciatica, herniated disc and fibromyalgia. I have difficulty walking and climbing stairs. Sometimes I may have to use a cane or a walker in order to move around. I also must go to the pain clinic twice a month to receive medication for my ailments.**

**Please reconsider my request for a handicap parking space in front of my residence. Thank you.**

**Patricia Nelson**