

Legislation Text

File #: O2014-1557, Version: 1

MEMORANDUM FOR TRAFFIC REGULATIONS

VALET LOADING ZONE:

<u>Street, etc:</u>	<u>North Northwest Highway</u>
Location, etc:	<u>No. 6694</u>
Distance or extent:	<u>30 feet (approximately two vehicle spaces)</u>
Hours and Days:	Friday and Saturday, 5:00 p.m 11:00 p.m.
Hours and Days:	Sunday, 5:00 p.m 9:00 p.m CHICAGO STYLE PIZZA LLC. d.b.a. Armand's Pizzeria of Edison Park Contact: Peter Fleming 773.930.4800

MARY E. O'CONNOR Alderman, 41st Ward

Alderman Mary O'Connor

41st Ward - City of Chicago Standing/Loading Zone Application

6107 N. Northwest Highway Chicago, IL 60631 Tel: 773-594-8341 Fax: 773-594-8345 Ward41 ©city of Chicago .org

CHECKLIST

In order for your request to be reviewed, your application must be complete and include (please check off):

P^Letter on company letterhead requesting a standing zone or loading zone, specifically detailing the

reasons for the zone. If there is not enough room on this application to answer all questions fully, please provide this information in your letter.

[^]/ Two photographs of the proposed location: one from across the street directed at your location and the second from the sidewalk at a property adjacent to your business.

I' a diagram detailing the building, sidewalk, street, proposed location of the zone and all other parking restrictions on adjacent properties, including measurements. (Example provided)

H'^pompleted Business Information Section.

0 Completed Loading, Standing or Valet Zone Section.

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Signed Certification Section.

BUSINESS INFORMATION

Business Name: 0 VCc^o^yWP.-z.ayarLLCL ^^^rV^Mf*Kb T^v^S-Q^Ar &^^blsp~N~'^rg.lc.

Zip: _

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'Zip: 606 3 $\setminus J$ k-

Occupancy Limit:.

Federal Identification Number:! Present parking regulations at your location

(meters, etc):

Business Hours:

Monday: C

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 $\frac{\text{Tuesday:} \circ - \circ \land}{Wednesday: \circ - \circ }$

Length of Time at Location Scope of Business Activity: <u>Sunday: *|</u>

<u>*n*-</u>*w*

Thursday: ⁰ - ′] Friday: <u>Saturday:</u>



. Number of Full-Time Equivalent Employees:

cA\M6~

Title: $^{r} < T > T > Eti$

. Email:

Please fiHTout one of the following sections according to the type of zone you are requesting. Q Check if Applicable

AMENDMENT TO EXISTING ZONE

If you wish to amend an existing zone, please complete this section and fill out one of the following sections according to type of zone amendment you are requesting. Complete this section only if you currently have a standing/loading zone and you would like to make changes to it.

Type of Existing Parking Restriction:

- Loading Zone
- Valet Loading Zone
- 15-Minute Standing Zone

• Other:

Restriction Times for Existing Zone:

Monday: \	Thursday:	Sunday:
Tuesday:	Friday:	/
Wednesday:	Saturday:	

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. feet and approximately _

Last Invoice Number:

Please continue to one of the following sections according to me type of amendment you are requesting.

15 MINUTE STANDING ZONE

Please understand that:

- Vehicles parking in standing zones are limited toyl5 minutes and must have their hazards flashing while the driver is away from the vehicleX^
- Vehicles extending their stay over the-,15 minute time limit are in violation of the Chicago Municipal Code and are liable to receive a citatiork /
- Even though the standing zone is placed\adjacent to your business, vehicles standing in the zone for the allotted time are not

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obligated to patronizeYour business.

• It is illegal to post additional signage in the public way, including signage, which would cause one to assert that the loading zone is reserved solely for your business.

Restriction Times Requested:

Thursday:

Tuesday:

Wednesday:

. feet of approximately.

Reason for Zone / Business activity requiring standing zone:

Please describe the availability/restrictions of on-street parking:

/

On the average day, how many sales/visits would utilize the zone? Q Check if Applying

Please understand that:

 Loading zones are designated areas in the curb lane for the loading and unloading of deliveries by commercial vehicles only. " Any commercial vehicle can utilize any loading zone for up to

30 minutes.

- Any passenger vehicle parking in a loading zone during the restricted hours is in violation of the Chicago Municipal Code and is liable to receive a citation.
- It is illegal to post additional signage in the public way, including signage which would cause one to assert that the loading zone is reserved solely for your business.-

Restriction Times Requested:

Monday: \	Thursday: /	Sunday:
Tuesday: \	Friday:	
Wednesday:	Saturday: /	

J feet or approximately /' vehicle space(s)

Do you have access to an alley from your business space? , \Box Yes \Box No

If no, why not? / If yes, why is loading not possible from the rear?

Ι

Types of items un/loaded:

/ \

Size/Type of commercial vehicles un/load'ing in the, zone:

Please provide a description or attach a delivery schedule, or invoice record showing frequency and volume of

deliveries:

Number of daily pickups and deliveries:

□ Check if Applying

VALET LOADING ZONE

Please understand that:

- Valet loading zones are designated areas in the curb lane for the loading and unloading of passengers from vehicles, and for the delivery of valet service by licensed operators.
- When not in use by a valet parking operator, valet zones can be used as loading zones by any commercial vehicle for up to 30 minutes.
- Any passenger vehicle parking in a loading zone during the restricted hours, but not being valet parked is in violation of the Chicago Municipal Code and is liable to receive a citation. Passenger vehicles can be in a valet loading zone during the restricted hours only if they are being valet parked.

Restriction Times Requested:

-	
Sunday: $- \circ _{PtA/V}$	
Friday: SorJ^~)\-p.v Saturday: So/w - j_^	
Length of Zone:feet or approxim Note: The Department of Const	ately vehicle space(s) umer Services requires at least 25 feetfar a valet parking service to operate.
Va	et Company Information
Name:	
3c32 hi i "Po)-
Business Address:	
City/State/Zip: CLvV^-^toO I -HI ■	(^Qag_e Phone: (775) ?>€fĭ -
Contact Person/Title:.	^C44e(Email: I»U I^ett Z2. CgL^ggjSr, Q£
On-Site Shift Manager (1): tte^acl	<u>cell Phone: (T7_) gfeff - (f-3</u>
On-Site Shift Manager (2):	Cell Phone: () -
Does the Valet Parking Operator serve other busine	ses in Chicago? Jj^Yes No Other Locations Served by
Operator (rank by proximity to your location):	
Business Name: -SfetY *S Business Name:	Address: UfiO V Ward: *t 1 Address: iplcffl ,Xtofr6gflfe& *f(
Business Name: g&4-fc*tt-	<u>. Address:</u> Jb_^_l Ward: H

Location and description of 10% off-street parking as required by the Department of Consumer Services:

Required per Sec. 4-232-070(d) of the Municipal Code of the City ofdiicago CERTIFICATION

To be completed by business owner/manager:

I hereby certify that all statements made as part of this application and any attachments herein, are true to the best of my knowledge and belief I also understand that a standing/loading zone ordinance is introduced to the City Council at the discretion of 41^s Ward Alderman Mary O'Connor - submission of this application does not guarantee the granting of a standing/loading zone. Thie analysis of this application will weigh the benefits of placing the zone adjacent to my business versus the disadvantages of the reduction of available street parking in the area. I acknowledge that the issuance of a standing/loading zone is a privilege granted by the City of Chicago and not a right of my business ownership - the curb lane is and shall remain the property of the City. I agree to accept the decision of the Alderman to partially or fully accept, or deny my application.

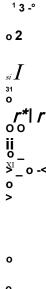
Signature:1

Furthermore, I agree to follow all applicable laws as outlined by the Municipal Code of the City of Chicago, and requirements as put forth in this application and by the Committee on Traffic Control and Safety, the Department of Transportation, and the Department of Revenue. I also understand that the standing/loading zone may be removed at the Alderman's discretion or at the urging ofuny City Department.

Print Name:

Date:

Title:



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