



Office of the City Clerk

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

Legislation Text

File #: O2019-4185, Version: 1

MEMORANDUM FOR TRAFFIC REGULATIONS **OVERRIDE**

PROHIBITION AGAINST PARKING (Except for the Handicapped);

Street, etc: South Halsted Street

Location, etc: **No. 8921** **(Permit No. 116355)**

Distance or extent:

Hours: at all times

Days: no exceptions

(Bryant J. Long)

LIMITATION OF PARKING PRIVILEGES:

Street, etc.

Location (or limits):

Distance or extent:

Time limit:

Hours:

Days:

April 2, 2019

ALDERMAN HOWARD BROOKINS JR. WARD 21
9011 S ASHLAND AVE UNIT B CHICAGO, IL
60620

Dear ALDERMAN BROOKINS JR.:

The Department of Finance received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: BRYANT J LONG

Applicant's Address: 8921 S HALSTED

Reason Not-Recommended: ARTERIAL OR MAIN STREET Explanation: GARAGE
AT LOCATION AND SNOW SIGNS POSTED

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 our office at (312) 747-0114.

Very truly yours,

Anthony Gambino Director of
Administration II

cc: Mayor's Office for People with Disabilities

**APPLICATION FOR DISABLED PARKING SIGNS // IvrM 16355 PLEASE READ THE
FOLLOWING CAREFULLY/1' (" r \ BEFORE COMPLETING THE FORM y^S' '**

An application will not be considered complete unless;

- All lines of my application have been completed in full:

A check or money order for \$70.00 made payable to the City of Chicago is required. -d a-, pavilion of the. ap^jMiMrfi-!*

Please note: The application fee shall be waived for any portion holding a valid current disability.

disability must be permanent as evidenced by a copy of your valid medical record. -d plawmi finrl.'or niit-vii vvhicla rei-ilsjft.'ion
submitted at the time of application:

Proof of residency, in the form of a copy of your driver's license -1. ut.ii. ijcnlific.-iiion. staia isiiuv-t ror.-ui iTOKi.rcl VJ-, or the following utility bill: Peoples Gas, ComEd, or City of Chicago. My application will be submitted to the City of Chicago. Completed application forms may be returned to the office of your alderman, my City of Chicago. -r >*. j^at iuv.tii nTin.iiH.-.-facility, or via mail at P.O. Box 003100, Chicago, IL 60602-3100 ATTN: Disabled Permitting Section. A \$20.00 maintenance fee will be billed to you annually. Should you have any questions or concerns, please call our permit processing division at 312-744-PARK(7275).

My First Name

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17. Are /ou able to 200f" LI VPS "r-IO If no .vny?

[illegible]

RESIDENCY

FOR OFFICE USE ONLY

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