



Office of the City Clerk

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

Legislation Text

File #: O2011-573, Version: 1

CITY COUNCIL January 13, 2011

MEMORANDUM FOR TRAFFIC REGULATION

PROHIBITION AGAINST PARKING: EXCEPT FOR THE DISABLED:

Name Applicant:

Primary Street Address:

Location Signs to be Posted:

Permit Number:

Hours:

Days:

Kenneth J. Landers 2933 N. Gresham 2933 N. Gresham 73378 At all times No Exceptions

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December 3, 2010

ALDERMAN REY COLON WARD 35 2710 N SAWYER CHICAGO, IL 60647

Dear ALDERMAN COLON:

The Department of Revenue 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: KENNETH J LANDERS Applicant's Address: 2933 N GRESHAM AVE

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: 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 our office at 312.742.7434.

Very truly yours,

Anthony Gambino Manager of Parking

cc: Mayor's Office for People with Disabilities

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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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 fee 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 the time of application;
- Proof of residency, in the form of a copy of your drivers license, state 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

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2. State Identification Number

4. Applicant Last Name

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3. Drivers License Number

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First Name

5. Home Address (primary residence)

STREET NUMBER I DIH I STREET NAME I /

6. Address where signs will be posted

STREET NUMBER 11)* I STREET NAME

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7. Phone Numbers

Home

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8. Current Permanent Disabled Placard Number

9. Current License Plate Number

Business

Registered to

Relations; 11:: -c Aponcant

Registered to

City Sticker No.

Relationship >■:■ Applicant

10 Description of Medical Condition and Disability

Alternative Parking: Please note your application may be denied if you have alternative accessible off street parking.3 ..n: on;

11. Is there off-street parking available at your primary residence ^YES J^NO (i.e.. garage, car port, driveway, etc.)? ""

12.It <http://12.It> ypu answered Yes to question 11. please describe:

^Garage; □ Driveway: -J Car Port: _ I Other:

13.1s your off-streetparking accessible? SfU0> /Oo /jv'OillfiU^-\^°^Ce <^i<

3W Please expain: ^g^^ OggSb^A^^pr Coou* a/Kt>JI?_ ...

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 r ot less than \$100 but no more than \$500. and the application shall be denied. I also understand that it is my responsibility to notifv me Department of Revenue of any changes in lne information provided.

□ Yes;

Signature

Date /^^g^d?

J COMPLETE %~,o^

FOR OFFICE USE ONLY

^FEE

LACARD/PLATE

J RESIDENCY