



Office of the City Clerk

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

Legislation Text

File #: O2011-812, Version: 1

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM 72706

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 to be submitted as payment of The applicator's 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 driver's license submitted at the time of application;
 - Proof of residency, in the form of a copy of your driver's license 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 OC maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing center at 312-754-PARK (7275).

i. Date of Birth

2. State Identification Number

3. Last Name

4. Applicant's Name

5. Driver's License Number

6. If you are applying for a disabled parking sign, please provide the following information:

7. Home Address (primary residence)

8. Home Address (primary residence)

9. First Name

10. Last Name

11. Address where sign will be posted (if different from home address)

12. If you are applying for a disabled parking sign, please provide the following information:

13. Phone Number

14. Home

15. Permanent Disabled Placard Number

16. Current License Plate Number

17. V

18. J

19. Address where sign will be posted (if different from home address)

20. Home

21. Registered to Permanent Disabled Placard Applicant

22. Registered to

23. City/State/County

24. /

25. Description of Medical Condition and Disability

26. / / - r - a d G r n c u / X / 7 T V 5 7 7 T / (V L L u - a / 6 . D t S C M S C

27. Alternative? Parking: Please note your application may be denied if you have alternate travel arrangements.

28. What method of payment?

29. S j Z L ?

30. If you are applying for a disabled parking sign, please provide the following information:

31. If you answered "Yes" to question 11, please describe:

32. Garage: ☐ Driveway ☐ Car Port ☐ Other;

33. YES ☐ NO ☐

34. Is your condition permanent? ☐ Yes ☐ No Please explain:

35. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago determines that the applicant has provided false information, the applicant shall be liable for a fine of \$100 but not more than \$500, and the application shall be denied. I also understand that I am responsible for the payment of any fees or charges in the information.

provided.

Signature t<C^M)^*(flf

☐ COMPLETE

FOR OFFICE USE ONLY

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) 747-1747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

<<http://www.cityofchicago.org>>

January 12, 2011

CHARLES L ERVIN 8226 S WOLCOTT AVE 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: 8226 S WOLCOTT AVE Permit number. 75873

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

Very truly yours,

Anthony Gambino Manager of Parking

Copy: ALDERMAN LANE

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)

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January 12, 2011

ALDERMAN LONA LANE WARD 18 8146 S KEDZIE CHICAGO, IL 60652

Dear ALDERMAN LANE:

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: CHARLES L ERVIN

Applicant's Address: 8226 S WOLCOTT AVE

Address/Location of Signs: 8226 S WOLCOTT AVE

Permit Number: 75873

Work Order Number: WIO-IHHO

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 Gajmbino Manager of iParking

Enclosure: Disabled Signs Application