



# Office of the City Clerk

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

## Legislation Text

File #: O2011-907, Version: 1

Jan 14 2011 1:24PM  
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773-769-3804  
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### AppuccaTON mm omsim parking signs PLEASE READ THE POUJQWIW C^EFUUY BffORECOMPT^rTOTHEFOw 77298

An appfeeSon win not be considered complete unless:

- AS ftw\$ ot 9s 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 app^p&tjon fee;
- Pteese rate: The atppilcatjan tee shafl be waived for ot^
- DtsaMtty rm>t be permanent as evidenced by a copy of your valid disabled placard and/or current vatTtc\* regpttreGdn.
- eubmSed at the time of appKcatjon;
- Pmc of njri eoney, in tite form oi a copy of your drivers ttoense, state identtfkation, or utttty bats are ©Ararfte\* at the time of appfcation.

Completed appfeaSoft forms may be returned to: the ofdoe of your atderman, any City of Chicago Department of Revenue fecffity, or vfa nal at P.O. Bom 803100, Chicago, fL 60680.3100. ATTN: Disabled Permttring Section. A S2S.O0 matnteratnoe fee wtt-be bled to you annually. Should you nave questions or concerns, please call our permit processing division at 312-(727S).

1. Date of Kith MD \_ OM - «B- c\% \ / i e 2. State Identification Number 1 1 1 7<sup>3</sup>. Drivers License Number

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4 ApptatttAetNane Ao\\*>(\\*)\£\\ | | | | | | | | | | MI Pint Name /T^fiAei/^i, iM

6. Adrieif\* where efgrtewBf be posted

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Business JUoK)£ ! 1 1  
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\$. Current Peitnanent Disabled Placard Number

Registered to

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Appfcant

9. Currant License Plate Number

Ctty Sticker No.

Ratattomhip to A

10. Description of Medical Condition and DtoabBity \_

Alternative Psrlcng: Please note your application may be denied tf you have alternative accessible off-street panting options.

11 Is there off-street pa/king available at your primary rsatctenca ☐ YES QftIO (i.e.. garage, car port, driveway, eta)7

12. rf you answered Yes to question 11, phase describe: ☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other

13. Is yom oA-etmat pactdng aoeeefjMe? ☐ YM: ☐ Mo. Please aoqjtaJn:

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14. Affirmation: I hereby aflrm that the above Information is true and correct If the City of Chicago Department of Revenue dstorminae tut lthe apptieart tat\* lettoiy represented one or more of the above oondBtons. the applicant shaft t» subject to a fine of not tees then 1100 but no more then \$500, end the oppVc&con ehsfi be denied. I atac understand that He my responsMfty to natty the Department of Revenue of any enenges the information provided

Signature

Data

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FOR OFFICE US

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☐ PLACARD/PLATE    ☐ RESIDENCY

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BeiReyna-Hickey Difktor

CitjHall,Room 107 A 12|Norlh LaSalle Street Chl^, Illinois 60602-1288 l3l|b 747-4747 (THIS) <3|i 744-0471 (FAX)

<3l|) 744-2975 (TTY)

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

January 5, 2011

ALDERMAN PATRICK OCONNOR WARD 40

5850 N LINCOLN AVENUE CHICAGO, IL 60659

Dear ALDERMAN OCONNOR:

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: PATRICIA E LOWNEY

Applicant's Address: 5654 N ARTESIAN AVE

Address/Location of Signs: 5654 N ARTESIAN AVE

Permit Number: 77298

Work Order Number: H10-1492

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,

Manager of Parking

Enclosure: Disabled Signs Application