



# Office of the City Clerk

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

## Legislation Text

File #: O2011-945, Version: 1

### Standing/Loading Zone Application

#### CHECKLIST

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

- ☐ 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 side of the property adjacent to your business.
- ☐ A diagram detailing the building, sidewalk, street, proposed location of the zone and all other parking restrictions on adjacent properties, including measurements. (Example provided)
- ☐ Completed Business Information Section.
- ☐ Completed Loading, Standing or Valet Zone Section.
- ☐ Signed Certification Section.

#### BUSINESS INFORMATION

Business Name:

Business Address/Signs Location:

City, State, Zip: \_\_\_\_\_

Billing Address (if different):

Zip:

Federal Identification Number: \_\_\_\_\_ Occupancy Limit:

Present parking regulations at your location (meters, etc): \_\_\_\_\_

Business Hours:

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Sunday: ---

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Length of Time at Location: //j/AS

Number of Full-Time Equivalent Employees

: J

Scope of Business Activity: \_\_\_\_\_

j?Yo) Ulal. House \_\_\_\_\_

Business Licenses Held: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone Number: (1 ~2J) (\$T -£7S7 Email: /J^IUIU. TjIUM-fiJ ■ &SVS@F\*V\* 'CO\* Please fill out one of the following sections according to the type of zone you are requesting.

D 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 ☐ 15-Minute Standing Zone

☐ Valet Loading Zone ☐ Other: \_\_\_\_\_

Restriction Times for Existing Zone:

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Length of Zone: \_\_\_\_\_

Last Invoice Number:  
feet and approximately\_  
\_Permit Number:  
. vehicle spaces  
Permit Date:

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

Check if Applying

### 15 MINUTE STANDING ZONE

Please understand that:

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

Monday: 3o Thursday: ^-S^, Jo Sunday: <-----  
Tuesday: Cf- 2> ^ Friday: ^^; ?o  
Wednesday: c^^x Jj Saturday: <|- /.' 0>

Length of Zone:.

feet or approximately.

. vehicle space(s)

Reason for Zone / Business activity requiring standing zone: CMS pJ/Mv'-f CJ>/^~£- (P <fD j) fty Please describe the availability/restrictions of on-street parking: fjr \"h&L- (/\"^D-C-^Z-f- C^U!^IC\_

On the average day, how many sales/visits would utilize the zone? <^ & \_out of a total of \_

### CERTIFICATION

To be completed by business owner/manager:

/ 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 38<sup>th</sup> Ward Alderman Thomas Allen - submission of this application does not guarantee the granting of a standing/loading zone. The 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.

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 of any City Department.

Signature: fJUvi/^ ^T^/JtYU!^ Date: ©Cfty/24//

Print Name: /fid rU^S T~/Ll^nW\_ Tkle: fty£fSCfs rfrW ftfifo

### •38<sup>th</sup> WARD SERVICE REQUEST FORM\*

Message Taken By /» f\_ DATE: 1"! ] })\_ Precinct No.

NAME (Mr./Ms./Mrs.) fit-Gr^Ts "77"/7 KY^d. K) \_

HOME ADDRESS

HOME

PHONE

ZIP 606

WORK / \_ CELL

\_PHONE bp 6^-1^7 ^ "7 PHONE

Address of service request if different from above:

### SERVICES REQUESTED: FORESTRY:

\_Tree Removal SEE

- \_Tree Trim SEF
- \_Stump Removal SEA
- \_Plant Tree SED
- \_Tree Emergency SEC
- \_Yard Debris SEL

**STREET LIGHTS:**

- \_Street Light Out SFD
- \_Alley Light Out SFA
- \_Block Out & Timers SFE
- \_New alley light/bulb SFP
- \_Pole door missing SFQ

**SEWERS:**

- \_Water in Street AAE
- \_Clean Sewer CHECKFOR
- \_Sewer Cave In AAD
- \_Water in Basement AAF
- \_Miscellaneous .
- \_Inspect alley sewer AAI
- \_Private sewer program APD

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**STREETS & ALLEYS:**

- \_Street Patch ' PHF
- \_Restore Cut in Street PBF
- \_Street Resurface
- \_Alley Patch || PHB
- \_Alley Grading
- \_Alley Resurface
- \_Cave-in alley) PHD
- \_Speed hump in alley/street
- \_Curb repair/new curbs

**GARBAGE CARTS:**

- \_Damaged Cart;

Additional Cart.

**SIGNS:**

New Service' Burned I Missing SIE  
S1H  
Permit Parking  
Handicap Parking  
Sign Problem PCE  
Do Not Enter missing PCD  
Stop missing PCB  
One-Way missing PCC

**WATER DEPT:**

- \_Street Leak WM3
- \_Restore Parkway WM4
- \_Hydrant Leak WM3
- \_Parkway Leak WM3
- \_Restore Area WM4
- \_Grade B-box WBE 1
- \_Paint Hydrant,Curb WB8
- \_Paint Mark-new
- \_PaintMark-exist.street STREETPA

**WARD YARD:**

\_ Check property

\_ Grass/Yard Waste

\_ Misc. Streets & San

RODENTS SGA

**UNABLE TO SERVICE MISC. REQUESTS**

\_ **POLICE MATTER**

(Specify Below)

**ANIMAL CONTROL**

**HOUSING/ZONING VIOLATION**

**SPECIFIC DETAILS:**

**DISPOSITION-->-->-->**

**Letter Date Date Called,**

Referred to Staff Member:

**Fax Date**

**311 Entry Date**

**FOLLOW UP NEEDED?:**

Department Referred To:

**FOLLOW UP NEEDED?:**

i.