



Office of the City Clerk

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

Legislation Text

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City of Chicago Richard M. Daley, Mayor

January 3, 2011

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)

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

ALDERMAN MICHELLE A. HARRIS WARD 08

8539 S COTTAGE GROVE CHICAGO, IL 60619

Dear ALDERMAN HARRIS:

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: GILBERT SR. A HALE

Applicant's Address: 8035 S BLACKSTONE AVE

Address/Location of Signs: 8035 S BLACKSTONE AVE

Permit Number: 77484

Work Order Number: H10-1485

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,

Antirony Gambino Manager of Parking

Enclosure: Disabled Signs Application

City of Chicago Richard M. Daley, Mayor

December 30, 2010

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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GILBERT SR. A HALE 8035 S BLACKSTONE AVE CHICAGO, IL 60619

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: 8035 S BLACKSTONE AVE Permit number: 77484
Should you have any questions or require additional information, please contact the City of Chicago's Helpline at 312.742.7434.

Anthoffy Gambino Manager of Parking
Copy: ALDERMAN HARRIS

RL?EA|EREAt^ BEFORE COMPLETING THE FORM

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
- Ois'abiljty'rTiust-ibeTpermanerit as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted\at'-th%tirne 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 Cily 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 i:;'.CY feeWill be billed to you annually. Should you have questions or concerns, please call our permit processing division at'3'T'2-k ' : 744-PARK (7275). ■ ' r

; - 4-.. Appicantf Last Name fell Id

t.' Date of Birth
I/O _ _ _ OAY
2. State Identification Number'
Drivers License Numbet
First Name

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5. Home Address' (primary residence)..
STREET NUMBER
STBSET-NA.VE
IJEPCODE

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6. Address where signs willfbeposted
STREET -NUMDE') .. iDial SmF.fr <http://SmF.fr> NA'.* i ^ .
7. Phone Numbers
Home
+-6r-~Current Permanent Disabled Placard Number

6c ?77^ _

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Business
Registered to
Relationshiplo Applicant
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X

9. Current License Plate Number
Registered to

City Sticker No.

Relationship to Applicant

ib. Description of Medical Condition and Disability

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Parking: Please

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking/options.

ii. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

☐ YES

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

13. Is your off-street parking accessible? ☐ Yes; ☐ No. Please explain;

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14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that theVarjplcOTt rtas or more of the above conditions, the applicant shall be subject to a fine of not less than \$100 but no more than \$500, and the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

Signature

____ Date

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FOR OFFICE use

LACARD/PLATE

RESIDENCY

☐ COMPLETE 0-y^c£_