### ADDENDUM TO AGENDA

BERWYN CITY COUNCIL April 25, 2017 8:00 P.M.

## (I) Reports from the Aldermen, Committees and Board

- 2. Ald. Chapman Handicap Parking Space Application #1083 3813 S. Scoville Approve
- 3. Ald. Chapman Handicap Parking Space Application #1108 3811 S. Clarence Approve
- 4. Ald. Chapman Handicap Parking Space Application #1124 3746 S. Oak Park Approve
- 5. Ald. Chapman Handicap Parking Space Application #1129 3740 S. Oak Park Approve
- 6. Ald. Chapman Handicap Parking Space Application #3640 3640 S. Wisconsin Approve



1st Ward Alderman

## **Nona Chapman**

#### MEMORANDUM

April 25, 2017

TO: The Honorable Robert J. Lovero

Members of the City Council

RE: Handicap Parking Application #1083

3813 S. Scoville Ave..

#### Ladies and Gentlemen:

After careful review, I would like to override the staff's recommendation of denial and respectfully submit the attached application for **APPROVAL** of a handicap **SPACE**.

Address	Owner Name	Application #
3813 S. Scoville Ave.	Carlos Rivera, Jr.	1083

Thank you very much,

Nona Chapman 1<sup>st</sup> Ward Alderman

NC/sla

Enc: Handicap Application



# Berwyn Police Department 6401 West 31st. Street Berwyn, Illinois 60402

708-795-5600 Fax 708-795-5627 **Emergency Call 911** 

#### Handicapped - Parking / Zone Request Form

	2004	dest Form
To:	Mayor Robert J. Lovero	
	Berwyn Police Department Co	ommunity Service Division
Date:	1/13/2016	
Officer:	T Young#183	
Applicant N	ame: Carlos Rivera Jr	
Address:	3813 Scoville Ave	e Apt 1 Berwyn II 60402
Telephone:		
Nature of D	isability:	
	ASSESSA AND SHARE SHOWN THE RESIDENCE OF THE SHARE SHOWN THE S	
		ormation
Doctor's Note	Yes No	Yes No
Doctor's Note	Affidavit: x	Interviewed: x
Owner's Sup	port Letter x	Handicapped Plate x
	Garage: x	Handicapped Placard x
	Driveway: x	Wheelchair:
	Off Street: x	Walker / Cane:
	On Street: x	Oxygen:
Meets Police Dept Requirements	Yes No Space x Zone x	Report # 16-00434
1ST Ward Alder	man: NONA CHAPMA	AN
	Staff R	Recommendation

Denied

X

Approved

## OFFICIAL SWORN POLICE REPORT

## **Berwyn Police Department**

		6401 W 31	st Street	Berwy	n, IL 60	402	(708) 79	5-5600			
STATION COMP	LAINT UCR/Offense Code									INCIDENT	Γ#
9041 (Appl	icant File)	1								16-004	434
REPORT TYPE		RELATED CAD#				RIPTION					
Incident Re	port	C16-002110	SE (HOUSE NO	STDEET NAM		olicant	File				
5011		3813 S SCOVIL			*						
HOW RECEIVED	)	WHEN REPORTED		F OCCURREN		STATUS C	CODE			STATUS D	ATF
		01/13/2016 09:3	4 01/13/	/2016 09:34	1						
INVOLVED E	NTITIES										
NAME									DOB	1	AGE
Rivera, Ca	rlos, Jr.										40
ADDRESS					FBI#			iR#		_	
	oville AV - 1 Berwyr										
SEX	RACE	ндт	WGT	HAII	2			HONE			
M EYES	Hispanic	D) #						lobile	-		
	SID#	DL#		DL State			A	LT PHONE			
CLOTHING							Handcuff D	ouble Locked	Prints	Taken	Criminal Hi
Employer											
				Ann	prince			-			
ucr 9041 Appli	cant File, 1 - 1count(s	5)					Rep	eorting Party	′	RE	LATED EVENT
INVOLVED V	/EHICLES			A. L							
VEH/PLATE # E146807	Management of the control of the con	YPE Carryall/SUV		Involved	100			VIN#		2	
YEAR	MAKE	MODEL		COLOR	112		OWNER	n management states			
1997	Toyota	4-Runner		Gold							
COMMENTS											
Towed	Towed By					То	ow Number		In	npounded	Но
						$\bot$					
NARRATIVE	·s										
PRIMARY NARI	100										
Carlos Ri			sting a hai								
Scoville a	apt.#1. He drives a	gold 1997 Toy	ota 4 runn	er Il plate	#E1468	07 an	d has a va	alid II han	dicappe	d placaro	i
	8. There is a garag										
	to the garage. The										
	ng a dead end on s										
		F									
G 1			120 81 81				200	867			
	eets the requireme	ents for handicar	oped parki	ng accord	ling to t	ha Cit	V of Rom	vvn ording	maa 10	1.05	
				0	ing to t	ne Cit	y of Berv	vyii orumia	11100 404	+.03	
YOUNG,			UNIT#	0	SUPERVISO		y of Berv	vyn oruma	11100 462	4.03	UNIT#

# Handisannad Space /7

apped Space/Zone	
artment Site Inspection	
Application #	1083
C.S.O. Terry Young	
used by land lord to park vehicle and storage. 2	
5 Scoville. Block is mostly two flat apartments with	
Police Report # 16-00434	
	Application #  C.S.O. Terry Young  used by land lord to park vehicle and storage. 2

	5		ace/Zone Inspection		
Public Works Direc	ctor or Designee			Application #	1083
Comments:					
· · · · · · · · · · · · · · · · · · ·					
Meets Public Works Cri				-	
	Parking Space Parking Zone	Yes Yes		No No	X
Date:			Police Re	eport # <u>16-00434</u>	

# Handicapped Space/Zone

T	raffic Engi	neer Sit	e Inspection		
Traffic Engineer or	Designee	Nicole Car	mpbell	Application #	1083
Comments: Garage,	5 vehicles at re	esidence, a	oplicant has off st	reet vehicle sticker	
	arking Space arking Zone	Yes Yes	0 0	No No	X
Date: 2/22/2016			Police Re	port # 16-00434	
Rec'd by City Clerk: 2/29/20 To Alderman: 2/29/20 To Council: 4/25 Determination: Notice to Applicant: Paid: Sign #:					
Comments:					
I					



Thomas J. Pavlik
City Clerk

#### A Century of Progress with Pride

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

## Affidavit For Handicapped Parking Sign or Drop Off Zone

You must have a permanent Handicap State Plate or Handicap Placard to park any vehicle in a designated Handicap Parking space

	opace	
INITIAL C	] RENEWAI	
CArlos Rivera In (Name of Handicanned Applicant) (D.	ate of Birth)	3813 S. Scoville Ap
Is there a garage on the property? Yes No  If so, what is the garage currently being used for? OTHER VEHICLE  DrivewayCarport  All Applicants must submit the Physicians form (A)  Renters must submit the Owner Consent form (B)	_	
		Yes No
If so, what is the garage currently being used for?	vehicle	
DrivewayCarport		
All Applicants must subr	mit the Physicians f	form (A)
If so, what is the garage currently being used for?OTher Vehicle  DrivewayCarport  All Applicants must submit the Physicians form (A)  Renters must submit the Owner Consent form (B)  ***********************************		
If so, what is the garage currently being used for? OTher Vehicle  Driveway Carport  All Applicants must submit the Physicians form (A)  Renters must submit the Owner Consent form (B)  ***********************************		
(Name of Handicapped Applicant)  (Name of Garegiver, or guardian if minor)  (Is there a garage on the property? (Yes) No  If so, what is the garage currently being used for?  All Applicants must submit the Physicians form (A)  Renters must submit the Owner Consent form (B)  ***********************************		
(Name of caregiver, or guardian if minor)  (Name of caregiver, or guardian if minor)  (In the of Birth)  (Telephone /Cell Phone Number)  Are you the homeowner? Yes / No  Are you the homeowner? Yes / No  If so, what is the garage currently being used for?  All Applicants must submit the Physicians form (A)  Renters must submit the Owner Consent form (B)  ***********************************		
(Name of caregiver, or guardian if minor)  Is there a garage on the property? (Yes)/ No  Are you the homeowner? Yes/ No  If so, what is the garage currently being used for?  All Applicants must submit the Physicians form (A)  Renters must submit the Owner Consent form (B)  *******************************  Vehicle Information  Toyota 4 Ronner SUV  (Vehicle make and model)  (Vehicle make and model)  E146807  (Illinois License Plate Number)  (Current City Vehicle Sticker Number)  MA 33108		
	MA	33 108
(Illinois Handicapped Plate)	(Illinois Permar	nent Handicap Placard Number)
		12-15-15
Signature of Applicant or Legal Guardian	-	Date



Thomas J. Pavlik
City Clerk

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788-2660 Fax: (708) 788-2675

## Physician Form (A)

This form must be filled out in its entirety and signed by your physician.

Physician must state, by printing below, the	nature of	the patient's handicap
	11	.11
Mar.	n 1.	/
V n. n.		VEK FUKEST PHYSICIANS OFFICE /411 W. LAKE STREET, STE 1120 RIVER FOREST, ILLINOIS 60305
· · · · ///wym		
Does the patient utilize any of the following?:		
Walker Wheel Chair	Cane	Oxygen
I hereby certify that the physical conditions of the abo constitutes him/her as a handicapped person as defined (Physically Handicapped Person – Every natural person leg or both legs or an arm or both arms or any combin severely disabled as to be unable to move without the	d under the on who has ation there	e statutory provision Par. 1-159 permanently lost the use of a of or any person who is so
M. Schraufnyl		12/18/15
(Physician's Signature/Stamp)	14	(Date) 11 W lake Street
(Print Physician's Name)		8.345.3076
CPTINEPHYSICIAN S (NAME)	1/	Address and Telephone Number)



# Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

## Form B

## Owner Consent For Handicap Sign

## Placement/Drop-off Zone

I Arcceli Garda, owner/manager of the property at
1) That <u>Carlos Riveras</u> is a tenant at the above listed
1) That <u>Carlos Riveras</u> is a tenant at the above listed
property.
2) That <u>Carlos Rivera</u> has no access to any parking on the premises.
3) That if <u>Carlos Rivers</u> is granted a handicapped
sign or drop-off zone by the City of Berwyn, I have no
objection to the placement of signs in front of this address.
4) I agree to notify the City of Berwyn if Carlos Rivera ho longer resides on the premises.
- 114/1c
Signature/Date
Name: Araclu Garde Address: 3813 Scovine Berwyn, 12 40402
Phone#:



1st Ward Alderman

## Nona Chapman

T-3

#### MEMORANDUM

April 25, 2017

TO: The Honorable Robert J. Lovero

Members of the City Council

RE: Handicap Parking Application #1108

3811 S. Clarence Ave.

#### Ladies and Gentlemen:

After careful review, I would like to override the staff's recommendation of denial and respectfully submit the attached application for **APPROVAL** of a handicap **SPACE**.

Address	Owner Name	Application #
3811 S. Clarence Ave.	Bernadette McCraven	1108

Thank you very much,

Nona Chapman 1<sup>st</sup> Ward Alderman

NC/sla

Enc: Handicap Application



# Berwyn Police Department 6401 West 31st. Street Berwyn, Illois 60402

708-795-5600 Fax 708-795-5627 Emergency Call 911

#### Handicapped - Parking / Zone Request Form

To: From Date	: Berwyn l	obert J. Lovero Police Department Commu	unity Service Division
Offic			
Appl	icant Name:	Bernadette McCraven	
Addr	ress:	3811 S. Clarence Ave.	Garden Apt. Berwyn Il 60402
Telep	ohone:		
Natu	re of Disability:		
	And the state of t	Informa	tion
Doctor	s Note/ Affidav	Yes No it: x	Interviewed: x No
Owne	er's Support Lett	er x	Handicapped Plate x
	Garag	ee: x	Handicapped Placard x
	Drivewa	y: x	Wheelchair:
	Off Stree	et: x	Walker / Cane:
	On Stree	et: x	Oxygen:
Meets Police De Requirements	pt Spa Zo:		Report # 16-08232
1ST Ward	l Alderman:	NONA CHAPMAN	
		Staff Reco	ommendation
		Approved	Denied X

#### OFFICIAL SWORN POLICE REPORT

## **Berwyn Police Department**

9041 (Appli REPORT TYPE Incident Report HOW RECEIVED INVOLVED E NAME McCraven,	eport	1526 50 50 50 50	570 F OFFENSE (HO	OUSE NO., S		DESCRI	PTION cant File			16-08	232
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HOW RECEIVED  INVOLVED E	D	LOCATION OF 3811 S CI	F OFFENSE (H	OUSE NO., S	TREETMANE	Appli	cant File				
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iviccraven,	D1-#-								DO	В	AGE
ADDRESS	, Bernadette					FBI#		IR #	_		56
	_ARENCE AV - gar	rden Berwyn	n, IL 60402	2				""			
SEX	RACE		HGT	WGT	HAIR			PHONE			
F	White, Caucasian							Home			
EYES	SID#		DL#		DL State			ALT PHONE			
		E			IL			Mobile		-	7
CLOTHING							Hando	uff Double Loc	ked P	rints Taken	Crimina
Employer											
Imployer											
UCR			[passage			1970		TYPE		R	RELATED EVE
9041 Appli	icant File, 1 - 1count	(s)					1	Reporting P	arty		
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INVOLVED V	VEHICLES		H V								
VEH/PLATE # 1767118	ESSENT 7	Sedan, 4-doo	Or		INVOLVEMENT			VIN#			
YEAR	IL	MODEL	01		Involved		OWNER				
2006	Chevrolet		ou and Mail		Blue, Dark		- Ottinan				
COMMENTS		TVILLIO	d dild ividii	ou Mu.	2740, 247						
COMMENTO											
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	10						100000000000000000000000000000000000000	301		Impounded	
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NARRATIVE PRIMARY NARE											
Transact in area											
Bernadett	te McCraven		s req	uesting	a handica	pped pa	rking sign	in front o	f her re	sidence loca	ated at
3811 Cla	rence garden apt.	She drives	a blue 20	006 Che	evy Malibi	ı Maxx	Il plate# 1'	767118 ha	as a cur	rent Berwy	n tag#
	l has a valid II har										_
/ II / WIIG	er for a business L		-			_	_				•
the owner		THE RESERVE TO SHARE THE PARTY OF THE PARTY	THE R. P. LEWIS CO., LANSING, SP. LEWIS CO., LANSING, LAN								
	+ 2026 OI	vnich has a		sign in f	ront of it.	She res	ides in a m	ulti unit a	partme	nt building.	The
located at	at 3826 Clarence v										
located at	at 3826 Clarence values of the state of the	nily homes.									
located at		nily homes.									
located at		nily homes.									
located at		nily homes.									
located at block is r				mnod	oulsing as	ond:	o the Cit	of Do-	1:	404 O	

183

YOUNG, TERRY

# Handicanned Space/7one

папис	apped Space/Zone	
Police Depa	artment Site Inspection	
	Application #	1108
Police Department Designee	C.S.O. Terry Young	
Comments: Garage and driveway	y on premise used by owner for a business(Leave it	
to us Inc.) Block is mostly single family home	es. Resides in a multi unit building. 1 sign on	
block located at 3826 Clarence.		
Date: 8/15/2016	Police Report # 16-08232	

			ace/Zone		
	Public Wo	orks Site	Inspection		
Public Works Directo	r or Designee	Dan Schill	er	Application #	1108
Comments: The	re are no obstruct	ions to insta	allation of a reserve	ed space at this	
location. There are no exist	ing reserved space	es on the bl	ock. There is a 2 ca	r garage and a	
driveway on the property v				J. 9000	
			300		
Meets Public Works Criter	ia:			_	
	Parking Space	Yes	X	No	
	Parking Zone	Yes		No	Χ

## **Handicapped Space/Zone Traffic Engineer Site Inspection** Application # 1108 Traffic Engineer or Designee Nicole Campbell Comments: 1 vehicle Meets Traffic Criteria for: Χ No Parking Space Yes 0 Χ Parking Zone No Yes Police Report # 16-08232 Date: 9/30/2016 9/30/2016 Rec'd by City Clerk: 9/30/2016 To Alderman: To Council: Determination: Notice to Applicant: Paid: Sign #: Comments:



## Thomas J. Pavlik

City Clerk

A Century of Progress with Pride

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

## Affidavit For Handicapped Parking Sign or Drop Off Zone

You must have a permanent Handicap State Plate or Handicap Placard to park any vehicle in a designated Handicap Parking space

Z INITIAL	L LIRENEWA	L
(Name of Handicapped Applicant)	(Date of Birth)	(Berwyn Address)
(Name of caregiver, or guardian if minor)	(Date of Birth)	(Telephone /Cell Phone Number)
Is there a garage on the property? Yes/ No	Are you the homeowner?	Yes No
If so, what is the garage currently being used for?	USINESS LEAVE	IT To 4s, INC.
Driveway X_Carport		
All Applicants mus	t submit the Physicians	form (A)
Renters must subn	nit the Owner Consent	
Vehi	cle Information	
(Vehicle make and model)	BLUE	(Color / Year)
(Illinois License Plate Number)	711	City Vehicle Sticker Number)
(Illinois Handicapped Plate)	(Illinois Perma	45 anent Handicap Placard Number)
I hereby affirm that the information provided is treers on to file a sworn affidavit, which said person	ue and correct, and it shank has knows to be false or be	all be prohibited and unlawful for any lieves to be false.
Signature of Applicant or Legal Guardian		Date



### Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

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## Form B

## Owner Consent For Handicap Sign

## Placement/Drop-off Zone

I Morace Kingspars, owner/manager of the property at
3811 S. CLARENCE AVE , state as follows:
1) That BERNADE TE McCRAVEN is a tenant at the above listed property.
2) That has no access to any parking
on the premises.
3) That if is granted a handicapped
sign or drop-off zone by the City of Berwyn, I have no
objection to the placement of signs in front of this address.
4) I agree to notify the City of Berwyn if BELANETE no longer resides on the premises.
5
Signature/Date
Name: MARK KINASTOWSKI
Address: 9027 SIERPA LANE, DALOS HULI
Phone#:



### Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

## Physician Form (A)

This form must be filled out in its entirety and signed by your physician.

Physician n	nust state, by printing belo	w, the nature of	the patient's handicap
,		_	
Does the patient uti	lize any of the following?:		
Walker	Wheel Chair	Cane	Oxygen
constitutes him/her (Physically Handicalleg or both legs or a		defined under the al person who has combination there	statutory provision Par. 1-159 permanently lost the use of a of or any person who is so
4	m		06/28/16 (Date)
(Physicia	n's Signature/Stamp)		*
		3722 5	HARLEM AVE ANDRSIDE IL GOSL
5480	RIZVI	70	2-713-2502
(Print Pl	hysician's Name)	(A	Address and Telephone Number)



1st Ward Alderman

## Nona Chapman

MEMORANDUM

April 25, 2017

TO: The Honorable Robert J. Lovero

Members of the City Council

RE: Handicap Parking Application #1124

3746 S. Oak Park Ave.

#### Ladies and Gentlemen:

After careful review, I would like to override the staff's recommendation and City Council's previous denial and respectfully resubmit the attached application for **APPROVAL** of a handicap **ZONE.** 

Address	Owner Name	Application #
3746 S. Oak Park Ave.	Joan Aguilar	1124

Thank you very much,

Nona Chapman 1<sup>st</sup> Ward Alderman

NC/sla

Enc: Handicap Application



# Berwyn Police Department

6401 West 31st. Street Berwyn, Illinois 60402 708-795-5600 Fax 708-795-5627 Emergency Call 911

#### Handicapped - Parking / Zone **Request Form**

Robert J. Lovero	
n Police Department Comm 2016	unity Service Division
Joan Aguilar	
3746 Oak Park Ave. B	erwyn Il 60402
ty:	
Informa	ation
Yes No lavit: x	Interviewed: X No
etter x	Handicapped Plate x
rage: x	Handicapped Placard x
way: x	Wheelchair:
treet: x	Walker / Cane
treet: x	Oxygen:
	Report # 16-10928
NONA CHAPMAN	
Staff Reco	ommendation
i i	Joan Aguilar  3746 Oak Park Ave. B  ity:  Informa Yes No davit: x  Letter x  rage: x  treet: x  treet: x  NONA CHAPMAN

Denied

X

Approved

#### OFFICIAL SWORN POLICE REPORT

STATION COMP	LAINT UCR/Offense Code											INCIDENT #	
	041 (Applicant File)										16-1092		
REPORT TYPE	icant i ne)	RELATED	CAD#			DE	SCRIPTIO	ON				10 1002	.0
Incident Report C16-059371			A	pplicar	nt File								
DOT#	F		OF OFFENSE (H	OUSE NO.,	STREET NAM		FF						
		3746 S	OAK PARK	AV B	erwyn, IL	60402							
HOW RECEIVED	)	WHEN REP	ORTED	TIME OF	OCCURREN	CE	STATU	S CODE				STATUS DAT	ΤE
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NAME Aquilor lo	.an O										DOB	AG	
Aguilar, Jo	an O.					FBI#				IR#			3
	ak Park AV Berwyn	II 6040	2			101#				110,11			
SEX	RACE	, 12 00 10	HGT	WGT	HAI	R			PHONE				
F	Hispanic								Mobile				
YES	siD#		DL#		DL State				ALT PH		3.27		
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CLOTHING								Handcu	iff Double	Locked	Prints Ta	ken	Criminal Histo
Employer										-			
IOD	P10		A CONTRACTOR		/	-			TYPE	0		DE!	TED EVENT #
JCR				7	10							KEL	ATED EVENT#
9041 Appli	cant File, 1 - 1count(	s)			11 1	AND		F	Reportin	g Party			
INVOLVED \	/EHICLES			-				- A					
VEH/PLATE #	A 100	YPE		à 10	INVOLVEME	NT	***	- A	VIN #		<u> </u>		
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1995	Honda	Acc	ord		Red								
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NARRATIVE PRIMARY NARI	ss RATIVE iilar		equesting a			-	-				e locate		<u> </u>
NARRATIVE PRIMARY NARI Joan Agu Oak Park	ES RATIVE nilar She drives a red	1995 Ho	nda Accor	d wago	n II plate	# V75	54799,	has a va	lid Be	rwyn v	ee locate	ag# 5841	
NARRATIVE PRIMARY NARI Joan Agu Oak Park	ss RATIVE iilar	1995 Ho	nda Accor	d wago	n II plate	# V75	54799,	has a va	lid Be	rwyn v	ee locate	ag# 5841	
NARRATIVE PRIMARY NARI  Joan Agu  Oak Park  and a val	ES RATIVE nilar She drives a red	1995 Ho placard#	onda Accor CB73899.	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	d for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage.	RATIVE iilar She drives a red iid II handicapped There is a bus stop	1995 Ho placard# directly	onda Accor CB73899. in front of	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	d for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	RATIVE  iilar  . She drives a red id II handicapped	1995 Ho placard# directly	onda Accor CB73899. in front of	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	d for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	RATIVE iilar She drives a red iid II handicapped There is a bus stop	1995 Ho placard# directly	onda Accor CB73899. in front of	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	ed for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	RATIVE iilar She drives a red iid II handicapped There is a bus stop	1995 Ho placard# directly	onda Accor CB73899. in front of	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	ed for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	RATIVE iilar She drives a red iid II handicapped There is a bus stop	1995 Ho placard# directly	onda Accor CB73899. in front of	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	ed for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	RATIVE iilar She drives a red iid II handicapped There is a bus stop	1995 Ho placard# directly	onda Accor CB73899. in front of	d wago She re	n II plate sides in	e# V75 a singl	64799, e fam	has a va	lid Be with a	rwyn v a 2 car	e locate rehicle ta garage t	ag# 5841 hat is use	d for
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	ilar . She drives a red id II handicapped [There is a bus stops mostly single far	1995 Ho placard# directly mily hom	onda Accor CB73899. in front of nes.	d wago She re her res	on II plate sides in s sidence.	# V75 a singl There i	54799, e fami is 1 ha	has a va ily home indicappo	llid Be with a ed sign	rwyn v a 2 car a locate	re locate rehicle ta garage t ed at 374	ag# 5841 hat is use 1 Oak Pa	d for ark.
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. The are is	ES RATIVE  iilar  . She drives a red id II handicapped There is a bus stop is mostly single faithful from the second seco	1995 Ho placard# directly mily hom	onda Accor CB73899. in front of nes.	d wago She re her res	on II plate sides in s sidence.	e# V75 a singl Γhere i	54799, e fami is 1 ha	has a va ily home indicappo	llid Be with a ed sign	rwyn v a 2 car a locate	re locate rehicle ta garage t ed at 374	e 484.05	d for ark.
NARRATIVE PRIMARY NARI Joan Agu Oak Park and a val storage. T	RATIVE  iilar  . She drives a red id II handicapped There is a bus stop is mostly single fait is not meet the requirement.	1995 Ho placard# directly mily hom	onda Accor CB73899. in front of nes.	d wago She re her res	on II plate sides in s sidence.	# V75 a singl There i	54799, e fami is 1 ha	has a va ily home indicappo	llid Be with a ed sign	rwyn v a 2 car a locate	re locate rehicle ta garage t ed at 374	e 484.05	d for ark.

## 

Weeklik Construction and the state of the st		• •	ace/Zone Inspection		
Public Works Direct	tor or Designee	Dan Schille	er	Application #	1124
Comments: It is property due to a No Parki	not possible to ins ng zone for the bu		d parking space in	n front of this	
		varva.	W 70 To 10		
Meets Public Works Crite	ria: Parking Space Parking Zone	Yes Yes		No No	X X
Date: 10/28/2016			Police Re	eport # <u>16-10928</u>	

# **Handicapped Space/Zone**

**Traffic Engineer Site Inspection** Application # 1124 Traffic Engineer or Designee Nicole Campbell Comments: There is no parking in front of home because of the bus stop (painted yellow curb). Meets Traffic Criteria for: **Parking Space** Yes 0 No X Parking Zone 0 Yes No Χ Date: 10/28/2016 Police Report # 16-10928 Rec'd by City Clerk: 10/28/2016 To Alderman: 10/28/2016 To Council: Determination: Notice to Applicant: Paid: Sign #: Comments:





Thomas J. Pavlik
City Clerk

A Century of Progress with Pride

6700 West 26th Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 www.berwyn-il.gov

. (708) 788-2675

## Affidavit For Handicapped Parking Sign or Drop Off Zone

You must have a permanent Handicap State Plate or Handicap Placard to park any vehicle in a designated Handicap Parking space

designated	Handicap Parking space
INITIAI	L DRENEWAL
Joan Aglijar	(Date of Birth) 3746 Oak Parl (Ac (Berwyn Address)
(Name of Handicapped Applicant)	(Date of Birth) (Berwyn Address)
(Name of caregiver, or guardian if minor)	
(Name of caregiver, or guardian if minor)	(Date of Birth) (Telephone /Cell Phone Number)
Is there a garage on the property? Yes / No	Are you the homeowner? Yes No
If so, what is the garage currently being used for?	orage
DrivewayCarport	
	t submit the Physicians form (A)
	nit the Owner Consent form (B)
	cle Information
Honda Azeord Wagon (Vehicle make and model)	Red /1995 (Color/Year)
	(Color / Year)
V75 4799	5841
(Illinois License Plate Number)	(Current City Vehicle Sticker Number)  CB 73899
(Illinois Handicapped Plate)	(Illinois Permanent Handicap Placard Number)
I hereby affirm that the information provided is tr person to file a sworn affidavit, which said person	tue and correct, and it shall be prohibited and unlawful for any hows to be false or believes to be false.
	7-23-16
Signature of Applicant or Legal Guardian	Date

Return the completed form to the City Clerk's Office at Berwyn City Hall 6700 West 26<sup>th</sup> Street, Berwyn, Illinois



# Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26<sup>d.</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-ill.gov

## Physician Form (A)

This form must be filled out in its entirety and signed by your physician.

Physician i	must state, by printing belo	ow, the nature of t	he patient's handicap	
			1 1 - 1 - 1 - 2	
	1)	6	+	
Does the patient ut	ilize any of the following?:			
Walker	Wheel Chair	Cane	Oxygen	
constitutes him/her (Physically Handic leg or both legs or severely disabled a	t the physical conditions of as a handicapped person as apped Person – Every natur an arm or both arms or any s to be unable to move with	defined under the sal person who has person thereo out the aid of crutch	statutory provision Par. I bermanently lost the use f or any person who is so	of a
Malle	n's Signature/Stamp)		23  6	
(Physicia	n's Signature/Stamp)		(Date)	
~ · M		011911	Wolf Road	
(Print P	0 00011- 1-0	2434 3	-0(1)0	
	hysician's Name)	2434 S	ddress and Telephone Number	r)
	hysician's Name)	(Ac		r)

Return the completed form to the City Clerk's Office at Berwyn City Hall 6700 West 26<sup>th</sup> Street, Berwyn, Illinois



# Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

### Form B

## Owner Consent For Handicap Sign

## Placement/Drop-off Zone

I Janalking / Bernadette Gowin	er/manager of the property at
3746 Oak Park Are	_, state as follows:
property.	is a tenant at the above listed
2) That Joan Agailar on the premises.	has no access to any parking
3) That if John Aguilar sign or drop-off zone by the Citobjection to the placement of s	ity of Berwyn, I have no igns in front of this address.
4) I agree to notify the City of longer resides on the premises.	Berwyn if Joan Aguilar no
Name: Jand King / Bervadet & Address: 3746 oar Pal A Phone#:	Signature/Date

Return the completed form to the City Clerk's Office at Berwyn City Hall 6700 W. 26<sup>th</sup> Street, Berwyn, IL 60402



1st Ward Alderman

## Nona Chapman

F-5

#### MEMORANDUM

April 25, 2017

TO:

The Honorable Robert J. Lovero

Members of the City Council

RE:

Handicap Parking Application #1129

3740 S. Oak Park Ave.

#### Ladies and Gentlemen:

After careful review, I would like to override the staff's recommendation of denial and respectfully submit the attached application for **APPROVAL** of a handicap **SPACE**.

Address	Owner Name	Application #
3740 S. Oak Park Ave.	Salvador Garcia	1129

Thank you very much,

Nona Chapman 1<sup>st</sup> Ward Alderman

NC/sla

Enc: Handicap Application



# Berwyn Police Department 6401 West 31st. Street Berwyn, Illinois 60402

708-795-5600 Fax 708-795-5627 Emergency Call 911

### Handicapped - Parking / Zone **Request Form**

To:		bert J. Lovero	v Corrigo Division
From:	1/23/2017	olice Department Community	y Service Division
Date : Officer:	T. Young		
Officer.	1. Tourig	1103	
Applican	t Name:	Salavador Garcia	
Address:		3740 S Oak Park Ave Bery	wyn Il 60402
Telephon	e:	Land the second of the second	na ili
Nature of	f Disability:	Peripheral Neuropathy	
		Information	n
		Yes No	Yes No_
Doctor's N	ote/ Affidavi		Interviewed: x
Owner's	Support Lette	er x	Handicapped Plate x
	Garag	e:	Handicapped Placard x
	Drivewa	y: x	Wheelchair:
	Off Stree	et: x	Walker / Cane
	On Stree	et: x	Oxygen:
		Yes No	Donort # 17 00755
Meets Police Dept Requirements	Spa Zo	ne x	Report # 17-00755
1st Ward A	lderman:	NONA CHAPMAN	
		Staff Recor	mmendation
		Approved	Denied X

#### OFFICIAL SWORN POLICE REPORT

# Berwyn Police Department

Berwyn, IL 60402 (708) 795-5600

			0.0	I II DISCK	Jer 000	Der vi	, -	00		(100)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vv				
STATION COM	PLAINT UC	R/Offense Code												INCIDEN	IT#	
9041 (App		le)												17-00	755	
REPORT TYPE			RELATED C	AD#				DES	CRIPTIO	N						al Black
Incident R	eport		C17-004	1199				Ap	plican	t File						
DOT#	•		LOCATION	OF OFFENSE (H	OUSE NO.,	STREET NA	ME)	-								
			3740 S (	OAK PARK	AV B	erwyn, II	60	402								
HOW RECEIVE	D		WHEN REP	ORTED	TIME OF	OCCURRE	NCE		STATUS	CODE				STATUS	DATE	
Radio			01/23/20	017 11:31	01/23/2	2017 11:3	31									
INVOLVED	ENTITIES															
NAME											-		DOB		AGE	
GARCIA,	SALVA	DOR													60	
ADDRESS							T	FBI#				IR#		_		
3740 S O	AK PAF	RK AV Berwy	n, IL 6040	02												
SEX	RACE			HGT	WGT	H	AIR			10	PHONE					
M	Hispar	nic		5' 6"	170	E	lack	<			Home			. ,		
EYES		SID#		DL#		DL State					ALT PH	ONE				
Brown											Home					
CLOTHING										Handcı	Iff Double	Locked	Prints 1	Taken	Cri	minal History
Employer						*										
UCR				- Anna and the	793.	120		1	A Copy Street		TYPE	9			DEI ATE	D EVENT#
	licant Fil	le, 1 - 1count(s									Reportin				(LLATE	D EVERT #
INVOLVED	VEHICLE	s	1													
VEH/PLATE #			(PE			INVOLVE	MENT				VIN#					
1081191		IL (	Carryall/S	UV		Involve	d									
YEAR	MAK		MODE	L		COLOR				OWNER						
2003	Che	evrolet	Tah	oe		Beige										
COMMENTS																
									1						. 1	
Towed		Towed By								Tow Numb	oer		In	npounded		Hold

#### **NARRATIVES**

#### PRIMARY NARRATIVE

Salvador Garcia requesting a handicapped parking sign in front of his residence located at 3740 Oak Park. He drives a beige 2003 Chevy Tahoe II plate# 1081191, has a valid Berwyn vehicle tag# 855 and a valid Il handicapped placard# CC52060. He resides is a single family home with a 2 car garage with a small parking slab next to it. The garage is used for storage and his wife's vehicle. Salvador informed R/o that his vehicle is to large for the garage and parking slab. The block is mostly single family homes. There are 2 handicapped signs located at 3741 Oak Park and 3743 Oak Park.

Salvador does meet the requirements for handicapped parking according to the City of Berwyn ordinance 484.05

#### OFFICIAL SWORN POLICE REPORT

## Berwyn Police Department

6401 W 31st Street Berwyn, IL 60402 (708) 795-5600

STATION COMPLAINT UCR/Offense	Code				INCIDE	NT#
9041 (Applicant File)					17-0	0755
REPORT TYPE	RELATED CAD#		DESCRIPTION			
Incident Report	C17-004199	C17-004199		File		
DOT#	LOCATION OF OFFENSE (F 3740 S OAK PARK					
HOW RECEIVED	WHEN REPORTED	TIME OF OCCURRENCE STATU		ODE	STATU	S DATE
Radio	01/23/2017 11:31	01/23/2017 11:	31			
REPORTING OFFICER		UNIT#	SUPERVISOR			UNIT#
YOUNG, TERRY		183				



## 

Handicapped Space/Zone Public Works Site Inspection  Application # 11 Public Works Director or Designee Dan Schiller	
Application # 11	
Application # 11	
Public Works Director or Designee Dan Schiller	129
Community Theory are all at west in a to line to line to line to recognized space at this	
Comments: There are no obstructions to installation of a reserved space at this	
location. There is 1 existing reserved space on the block at 3741 Oak Park Ave. There is a 2	
car garage on the property as well as an approximately 10.5' x 23' parking pad. The applicant	
vehicle was parked in front at the time of inspection.	
Meets Public Works Criteria:	
Parking Space Yes No	<u>X</u>
Parking Zone Yes No	X
Dalling Day at # 17 007FF	
Date: 1/31/2017 Police Report # 17-00755	

## **Handicapped Space/Zone Traffic Engineer Site Inspection** Application # 1129 Nicole Campbell Traffic Engineer or Designee Comments: Applicant has a garage and car pad. Meets Traffic Criteria for: **Parking Space** No X Yes X Parking Zone Yes No Police Report # 17-00755 Date: 2/3/2017 2/3/2017 Rec'd by City Clerk: To Alderman: 2/3/2017 To Council: Determination: Notice to Applicant: Paid: Sign #: Comments:



Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26th Street Berwyn, Illinois 60402-070 Telephone: (708) 788-2668 Fax: (708) 788-2675 www.berwyn-il.gov

## Affidavit For Handicapped Parking Sign or Drop Off Zone

You must have a permanent Handicap State Plate or Handicap Placard to park any vehicle in a designated Handicap Parking space

☐ INITIAI	L <b>PRENEW</b> A	AL
(Name of Handicapped Applicant)	(Date of Birth)	3740 Oak Park (Berwyn Address)
(Name of caregiver, or guardian if minor)	(Date of Birth)	(Telephone /Cell Phone Number)
Is there a garage on the property? Yes No  If so, what is the garage currently being used for?	Are you the homeowner	r? (Yes)/ No e's Jeruchle
DrivewayCarport		
	st submit the Physician mit the Owner Consen ******	t form (B)
	icle Information	/
(Vehicle make and model)	Sano	(Color/Year) 2003
(Illinois License Plate Number)	(Current	City Vehicle Sticker Number)
	665	2066
(Illinois Handicapped Plate)	(Illinois Pern	nanent Handicap Placard Number)
I hereby affirm that the information provided is t person to file a sworn affidavit, which said perso		
		10 (25/1)
Signature of Applicant or Legal Guardian		Date



# Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26th Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

## Physician Form (A)

This form must be filled out in its entirety and signed by your physician.

Physician must state, by printing below, the nature of the patient's handicap

	V
Does the patient utilize any of the following?:	
Walker Wheel Chair	CaneOxygen
I hereby certify that the physical conditions of the aboreonstitutes him/her as a handicapped person as defined (Physically Handicapped Person – Every natural person leg or both legs or an arm or both arms or any combin severely disabled as to be unable to move without the	d under the statutory provision Par. 1-159 on who has permanently lost the use of a ation thereof or any person who is so and of crutches or a wheelchair.)
(Physician's Signature/Stamp)	10(251% (Date)
Richard H. Bertenshaw, MD 5201 Willow Springs Rd. Suite 130	,,
(Print Physicia LaGrange, IL60625 P:708-354-563 F:708-482-0106 DEA:BB3012072	1 (Address and Telephone Number)

Lic:036-074851 NPI: 1992721898



### Thomas J. Pavlik City Clerk

#### A Century of Progress with Pride

6700 West 26th Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2675 www.berwyn-il.gov

## Form B

## Owner Consent For Handicap Sign

## Placement/Drop-off Zone

I Salvador Garcia	_,owner/manager of the property at
3-140 Oakfark	, state as follows:
1) That Self property.	is a tenant at the above listed
2) That Seff. on the premises.	has no access to any parking
sign or drop-off zone by	is granted a handicapped the City of Berwyn, I have no ent of signs in front of this address.
4) I agree to notify the Clonger resides on the pro-	City of Berwyn if Self no emises.
Name: Salvador Garc Address: 3740 Oak Park	Signature/Date



1st Ward Alderman

## Nona Chapman

F-6

#### MEMORANDUM

April 25, 2017

TO: The Honorable Robert J. Lovero

Members of the City Council

RE: Handicap Parking Application #1139

3640 S. Wisconsin Ave.

#### Ladies and Gentlemen:

After careful review, I would like to override the staff's recommendation of denial and respectfully submit the attached application for **APPROVAL** of a handicap **SPACE**.

Address	Owner Name	Application #
3640 S. Wisconsin Ave.	Stephen Brown	1139

Thank you very much,

Nona Chapman 1<sup>st</sup> Ward Alderman

NC/sla

Enc: Handicap Application



# Berwyn Police Department

6401 West 31st. Street Berwyn, Illinois 60402 708-795-5600 Fax 708-795-5627 **Emergency Call 911** 

#### Handicapped - Parking / Zone **Request Form**

_					
To : From: Date :		ert J. Lovero lice Department	Community Service	Division	
Officer:	T. Young#1	183			
Applican	t Name:	Stephen Brown			
Address:		3640 S Wsicons	in Ave Berwyn II 60	0402	
Telephon	ne:				
Nature of	f Disability:				
-b-coherensa colonia estru a carte di Austa Austrana estre di					
			nformation		
Doctor's No	ote/ Affidavit:	Yes No		Interviewed: X No	
Owner's S	Support Letter	X		Handicapped Plate x	
	Garage:	х	Н	andicapped Placard x	
	Driveway:	Х		Wheelchair:	
	Off Street:	X		Walker / Cane:	
	On Street:	х		Oxygen:	
Meets Police Dept Requirements	Space Zone			Report # 17-00902	
1ST Ward Al	lderman:	NONA CHAPM	MAN		
		Staff	Recommen	dation	
	A	oproved		Denied X	

#### OFFICIAL SWORN POLICE REPORT

# Berwyn Police Department

6401 W 31st Street Berwyn, IL 60402 (708) 795-5600

Incident#: 17-00902

	AINT UCR												1		
9041 (Applie	cant File	e)											17-0	0902	
REPORT TYPE			RELATED					ESCRIPTION							
Incident Rep	ort		C17-00	2000 000 000 000 000 000 000 000 000 00				Applicant	File						
DOT#				OF OFFENSE (											
				WISCONSI					2005						
HOW RECEIVED			WHEN REI		100 000 000 000 000	OCCURREN		STATUS	CODE				STATUS	DATE	
Telephone			01/27/2	2017 11:42	01/2//2	017 11:4	2								
INVOLVED EN	NTITIES														
NAME												DOB		AGE	
Brown, Ste	phen V	V.												64	
ADDRESS							FBI	#			IR#	-			
3640 S WIS	SCONS	SIN AV Be	rwyn, IL 6	0402											
SEX	RACE	3/1		HGT	WGT	HAI	R			PHONE					
M	Black, A	African Am	erican							Mobile	:				
EYES		SID#		DL#		DL State				ALT PHO	ONE				
CLOTHING									Handcu	iff Double	Locked	Prints Ta	ken	Cı	iminal History
Employer															
						£0000			-						
					1	FE	1	STATE OF THE PARTY		TYPE				RELATE	D EVENT#
ucr 9041 Applic	cant File	e, 1 - 1coun	t(s)			1				Reportin	g Party			RELATE	ED EVENT#
	cant File	e, 1 - 1coun	t(s)			4					g Party	DOB		AGE	ED EVENT#
9041 Applic		e, 1 - 1coun	t(s)			4					g Party	DOB			ED EVENT#
9041 Applio NAME Taylor, Sta	acey B					4	FBI	#			g Party	DOB		AGE	ED EVENT#
9041 Applio NAME Taylor, Sta ADDRESS 3640 S WI	acey B			60402		4		#		Reportin		DOB		AGE	ED EVENT#
9041 Applio NAME Taylor, Sta ADDRESS 3640 S WI SEX	SCONS	SIN AV Be	erwyn, IL 6		WGT	HA		#		Reportin	IR#	DOB		AGE	ED EVENT#
9041 Applio NAME Taylor, Sta ADDRESS 3640 S WI SEX	SCONS		erwyn, IL 6	60402 HGT				#		PHONE Mobile	IR#	DOB		AGE	ED EVENT#
9041 Applio NAME Taylor, Sta ADDRESS 3640 S WI SEX	SCONS	SIN AV Be	erwyn, IL 6	60402		DL State		#		Reportin	IR#	DOB		AGE	ED EVENT#
9041 Application NAME Taylor, State Address 3640 S WI SEX F EYES	SCONS	SIN AV Be	erwyn, IL 6	60402 HGT				#	I	PHONE Mobile	IR#	-		AGE 51	-
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F	SCONS	SIN AV Be	erwyn, IL 6	60402 HGT		DL State		#	I	PHONE Mobile	IR#	DOB Prints To		AGE 51	riminal History
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES	SCONS	SIN AV Be	erwyn, IL 6	60402 HGT		DL State		#	I	PHONE Mobile	IR#	-		AGE 51	-
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES	SCONS	SIN AV Be	erwyn, IL 6	60402 HGT		DL State		#	I	PHONE Mobile	IR#	-		AGE 51	-
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING	SCONS	SIN AV Be	erwyn, IL 6	60402 HGT		DL State		#	I	PHONE MODILE ALT PH	IR#	-		AGE 51	riminal History
9041 Applic  NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING  Employer	SCONS RACE Black,	SIN AV Be	erwyn, IL 6	60402 HGT		DL State		#	Hando	PHONE MODING ALT PH	IR#	-		AGE 51	-
9041 Applic  NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING	SCONS RACE Black,	SIN AV Be	erwyn, IL 6	60402 HGT		DL State		#	Hando	PHONE MODILE ALT PH	IR#	-		AGE 51	riminal History
9041 Applic  NAME Taylor, Sta Address 3640 S WI SEX F EYES CLOTHING  Employer  UCR 9041 Applic	SCONS RACE Black,	African Ansıb#	erwyn, IL 6	60402 HGT		DL State		#	Hando	PHONE MODING ALT PH	IR#	-		AGE 51	riminal History
9041 Application NAME Taylor, State Address 3640 S WI SEX F EYES CLOTHING Employer UCR 9041 Application NVOLVED V	SCONS RACE Black,	African Ansın #	erwyn, IL 6	60402 HGT		DL State	IR	#	Hando	PHONE Mobile ALT PH	IR#	-		AGE 51	riminal History
9041 Applic  NAME Taylor, Sta Address 3640 S WI SEX F EYES CLOTHING  Employer  UCR 9041 Applic  INVOLVED V VEH/PLATE #	SCONS RACE Black,	African Ansıb#	erwyn, IL 6 nerican  t(s)	60402 HGT		DL State	IR	#	Hando	PHONE Mobile ALT PH  TYPE Other	IR#	-	aken	AGE 51	riminal History
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING Employer  UCR 9041 Applic INVOLVED V VEH/PLATE # JMW978	SCONS RACE Black,	SIN AV Be African An SID #  e, 1 - 1coun S STATE IL	erwyn, IL 6 nerican  t(s)  TYPE Sedan	60402 HGT DL#		DL State IL INVOLVEM Involve	IR	#	Hando	PHONE Mobile ALT PH  TYPE Other	IR#	Prints To	aken	AGE 51	riminal History
9041 Applic NAME Taylor, Sta Address 3640 S WI SEX F EYES CLOTHING Employer  UCR 9041 Applic INVOLVED V VEH/PLATE # JMW978 YEAR	SCONS RACE Black,	SIN AV Be African An SID #  e, 1 - 1coun S STATE IL	t(s)  TYPE Sedan MOD	0402 HGT DL#		DL State	IR	#	Hando	PHONE Mobile ALT PH  TYPE Other	IR#	Prints To	aken	AGE 51	riminal History
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING Employer  UCR 9041 Applic INVOLVED V VEH/PLATE # JMW978 YEAR 2015	SCONS RACE Black,	SIN AV Be African An SID #  e, 1 - 1coun S STATE IL	t(s)  TYPE Sedan MOD	60402 HGT DL#		DL State IL INVOLVEM Involve COLOR	IR	#	Hando	PHONE Mobile ALT PH  TYPE Other	IR#	Prints To	aken	AGE 51	riminal History
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING  Employer  UCR 9041 Applic  INVOLVED V VEH/PLATE # JMW978 YEAR	SCONS RACE Black,	SIN AV Be African An SID #  e, 1 - 1coun S STATE IL	t(s)  TYPE Sedan MOD	0402 HGT DL#		DL State IL INVOLVEM Involve COLOR	IR	#	Hando	PHONE Mobile ALT PH  TYPE Other	IR#	Prints To	aken	AGE 51	riminal History
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING  Employer  UCR 9041 Applic  INVOLVED V VEH/PLATE # JMW978 YEAR 2015 COMMENTS	SCONS RACE Black, Grant File MAKE Niss	SIN AV Be African An SID #  e, 1 - 1coun S STATE IL E San	t(s)  TYPE Sedan MOD	0402 HGT DL#		DL State IL INVOLVEM Involve COLOR	IR		Handc	PHONE Mobile ALT PH  TYPE Other  VIN # 5N	IR#	Prints To	aken 7817	AGE 51	riminal History
9041 Applic NAME Taylor, Sta ADDRESS 3640 S WI SEX F EYES CLOTHING Employer  UCR 9041 Applic INVOLVED V VEH/PLATE # JMW978 YEAR 2015	SCONS RACE Black, Grant File MAKE Niss	SIN AV Be African An SID #  e, 1 - 1coun S STATE IL	t(s)  TYPE Sedan MOD	0402 HGT DL#		DL State IL INVOLVEM Involve COLOR	IR		Hando	PHONE Mobile ALT PH  TYPE Other  VIN # 5N	IR#	Prints To	aken	AGE 51	riminal History

#### OFFICIAL SWORN POLICE REPORT

# Berwyn Police Department 6401 W 31st Street Rawwn II, 60402 (708) 795-5600

	0401 W 318t	Street Berwyn, 11	2 60402 (708) 795-5600
STATION COMPLAINT UCR/Offense Code 9041 (Applicant File)			
REPORT TYPE	RELATED CAD #		DESCRIPTION
Incident Report	C17-004955		Applicant File
DOT#	LOCATION OF OFFENSE (H	5:	402
HOW RECEIVED	WHEN REPORTED	TIME OF OCCURRENCE	STATUS CODE
Telephone	01/27/2017 11:42	01/27/2017 11:42	

HOW RECEIVED	WHEN REPORTED	TIME OF OCCURRENCE	STATUS CODE	STATUS DATE
Telephone	01/27/2017 11:42	01/27/2017 11:42		
NARRATIVES				
PRIMARY NARRATIVE				
Stephen Brown a requesting a handicapped parking sign in front of his residence located at 3640 Wisconsin. He does not drive and has a valid II handicapped placard# CG09773. His caretaker Stacey Taylor drives him to all appointments and various places he needs to go. He resides in a single family residence with a 2 car garage. There is 1 handicapped sign located at the applicants address. The block is mostly single family homes.				
Stephen does not meet the i	requirements for Ha	ndicapped parking bu	t does meet the requirements for H	andicapped
drop off zone according to the City of Berwyn ordinance 484.05				
REPORTING OFFICER	U	NIT# SUPERV	SOR	UNIT#
YOUNG, TERRY		183		50 00000000
			Post	

INCIDENT # 17-00902

# 

	Handica	apped Sp	ace/Zone		
	Public W	orks Site	Inspection		
	T dbile VV	OTRO STEC	mspection		
				Application #	1139
<b>Public Works Directo</b>	r or Designee	Dan Schill	er	2. 1	
		-	201 201 201		
Comments: The	ere is an existing r	eserved par	king space at this	location. There are	
no other reserved spaces of	on the block. Ther	e is a 2 car g	garage on the pro	perty.	
Marria Dallia Marria Crita					
Meets Public Works Crite		Yes		No [	
	Parking Space				X
	Parking Zone	Yes		No [	X
Date: 2/3/2017			Police R	Report # 17-00902	
Date. 2/3/2017	1 once Report # 17 00302				

## **Handicapped Space/Zone Traffic Engineer Site Inspection** Application # 1139 Traffic Engineer or Designee Nicole Campbell Comments: Garage, 1 vehicle to residence. Meets Traffic Criteria for: **Parking Space** X Yes No Parking Zone Yes Χ No Date: 2/7/2017 Police Report # 17-00902 Rec'd by City Clerk: 2/7/2017 2/7/2017 To Alderman: To Council: Determination: Notice to Applicant: Paid: Sign #: Comments:



Thomas J. Pavlik
City Clerk

#### A Century of Progress with Pride

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 www.berwyn-il.gov

Fax (708) 788 2675

## Affidavit For Handicapped Parking Sign of Drop Off Zone

You must have a permanent Handicap State Plate or Handicap Placard to park any vehicle in a designated Handicap Parking space

TAILURE A L	DRENEV	7 A T
INITIAL	LIKENEV	VAL
Stephen W. Brown (Name of Handicapped Applicant)	(Date of Birth)	3640 Wisconsin Add (Berwyn Address)
(Name of caregiver, or guardian if minor)	(Date of Birth)	(Telephone /Cell Phone Number)
Is there a garage on the property? Yes No	Are you the homeow	mer? Yes/No
If so, what is the garage currently being used for?	W	
All Applicants must submi	t the Owner Cons	ent form (B)
NissAN Murano Platinum A	two <u>Java</u>	netallic (BROWN)
(Vehicle make and model)		(Color/Year)
JMW978		14997
(Illinois License Plate Number)	(Curre	ent City Vehicle Sticker Number)
	CG	09773
(Illinois Handicapped Plate)		ermanent Handicap Placard Number)
I hereby affirm that the information provided is tru person to file a sworn affidavit, which said person		
1		1-10-17 Date
Signator Crappineant or Legal Guardian	3	Date



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## Physician Form (A)

This form must be filled out in its entirety and signed by your physician.

Physician must state, by p	rinting below, t	he nature of th	e patient's handicap
1. 0		' _	
11	J		
,			
Does the patient utilize any of the fe	ollowing?:		
Walker Wheel C	Chair	Cane	Oxygen
I hereby certify that the physical co constitutes him/her as a handicappe (Physically Handicapped Person – leg or both legs or an arm or both as severely disabled as to be unable to	d person as defi Every natural pe rms or any comb	ned under the sterson who has period ination thereof he aid of crutch	eatutory provision Par. 1-159 ermanently lost the use of a or any person who is so es or a wheelchair.)
A war wood	1	1/	(Date)  (A Hospital - Gmc Clini  5th Avenue  IL 60141  dress and Telephone Number)
(Physician's Signature/Stam	- ~	Hins V	A Hospital - Gme clim
Dane Volden M	10	5000 S Hines	- 5th Avenue IL 60141
(Print Physician's Name)		(Add	dress and Telephone Number)



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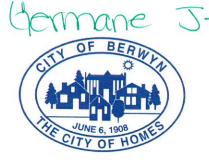
## Form B

## Owner Consent For Handicap Sign

## Placement/Drop-off Zone

1 Stephen W.BBWN+ Stargowne 3640 Wisconsin Ave Taylo	manager of the property at _, state as follows:
1) That property.	is a tenant at the above listed
2) Thaton the premises.	has no access to any parking
3) That if sign or drop-off zone by the City objection to the placement of sign	
4) I agree to notify the City of Elonger resides on the premises.	Berwyn if no
Name: 3TACRYB Taylor Steph Address: 3640 Wisconsin Ar Phone#:	Signature/Date  Whrown  JE

## The City of Berwyn



## Robert J. Lovero Mayor

### A Century of Progress with Pride

April 25, 2017

Members of City Council

Re: Reappointments

Council Members:

Beginning with my new term as Mayor of the City of Berwyn, and according to my statutory duty, I will be making the following reappointments per Chapter 242 of the Codified Ordinance of the City of Berwyn. Following are my recommendations for the appointed positions:

City A desirable	T
City Administrator	Brian Pabst
Assistant City Administrator	Ruth Volbre
Administrative Assistant to the Mayor's Department	Virginia Pacheco
City Attorney	Anthony Bertuca
Administrative Assistant to the City Attorney	Kelly Cimaglia
City Prosecutor	Thomas Brescia
Director of Finance	Rasheed Jones
Assistant Director of Finance	Benjamin Daish
Building Director	Charles Lazzara
Director of Public Works	Robert Schiller
Director of Information Technology	James Frank
Director of Community Development	Regina Mendicino
Community Relations Commission Director	Amanda Venditti
Library Director	Keshia Garnett
Recreation Director	Anthony Martinucci
Emergency Management / NIMs Compliance Coordinator	Anthony Laureto
Deputy Police Chief	Joseph Drury
Police Division Commander	Thomas O'Halloran
	Giordano
Police Division Commander	Manfredini
Police Division Commander	Joseph Santangelo
Fire Chief	Denis O'Halloran
Assistant Fire Chief	Sam Molinaro
Deputy Fire Chief	Gregory DiMenna

Deputy Fire Chief	Kris Coniglio
Deputy Fire Chief	Thomas Hayes
Deputy Fire Chief	Carl Reina Jr.

Please concur in my recommendation and approve the above listed appointments.

Respectfully,

Robert J. Lovero Mayor