

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

Mayor
Robert J. Lovero

I-2



1st Ward Alderman
Nona Chapman

M E M O R A N D U M

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**.

| <u>Address</u> | <u>Owner Name</u> | <u>Application #</u> |
|-----------------------|--------------------|----------------------|
| 3813 S. Scoville Ave. | Carlos Rivera, Jr. | 1083 |

Thank you very much,

Nona Chapman
1st 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 : Mayor Robert J. Lovero
From: Berwyn Police Department Community Service Division
Date : 1/13/2016
Officer: T Young#183

Applicant Name: Carlos Rivera Jr

Address: 3813 Scoville Ave Apt 1 Berwyn Il 60402

Telephone:

Nature of Disability:

Information

Doctor's Note/ Affidavit:

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Interviewed:

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Owner's Support Letter

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Plate

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Garage:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Placard

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Driveway:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Wheelchair:

Off Street:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Walker / Cane:

On Street:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Oxygen:

Meets Police Dept Requirements

| | |
|---|-------------------------------------|
| Yes | No |
| Space <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Zone <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Report # 16-00434

| |
|-----|
| 1ST |
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 Ward Alderman: NONA CHAPMAN

| | |
|-----------------------------|----------|
| Staff Recommendation | |
| Approved | Denied X |

OFFICIAL SWORN POLICE REPORT

Berwyn Police Department

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

Incident#: 16-00434

| | | | | | |
|---|---|--|------------------------|-------------|--|
| STATION COMPLAINT UCR/Offense Code 9041 (Applicant File) | | | INCIDENT # 16-00434 | | |
| REPORT TYPE Incident Report | RELATED CAD # C16-002110 | DESCRIPTION Applicant File | | | |
| DOT # | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 3813 S SCOVILLE AV Berwyn, IL 60402 | | | | |
| HOW RECEIVED | WHEN REPORTED 01/13/2016 09:34 | TIME OF OCCURRENCE 01/13/2016 09:34 | STATUS CODE | STATUS DATE | |

INVOLVED ENTITIES

| | | | | | |
|--|------------------|------|------------------------|--------------|------------------|
| NAME Rivera, Carlos, Jr. | | | | DOB | AGE 40 |
| ADDRESS 3813 S Scoville AV - 1 Berwyn, IL 60402 | | | FBI # | IR # | |
| SEX M | RACE Hispanic | HGT | WGT | HAIR | PHONE Mobile |
| EYES | SID # | DL # | DL State | ALT PHONE | |
| CLOTHING | | | Handcuff Double Locked | Prints Taken | Criminal History |
| Employer | | | | | |

| | | |
|---|-------------------------|-----------------|
| UCR 9041 Applicant File, 1 - 1count(s) | TYPE Reporting Party | RELATED EVENT # |
|---|-------------------------|-----------------|

INVOLVED VEHICLES

| | | | | |
|------------------------|----------------|----------------------|-------------------------|-------|
| VEH/PLATE # E146807 | STATE IL | TYPE Carryall/SUV | INVOLVEMENT Involved | VIN # |
| YEAR 1997 | MAKE Toyota | MODEL 4-Runner | COLOR Gold | OWNER |

| | | | | |
|----------|----------|------------|-----------|------|
| COMMENTS | | | | |
| Towed | Towed By | Tow Number | Impounded | Hold |

NARRATIVES

| | | | | |
|---|-----------------------------------|---------------|------------|--------|
| <p>PRIMARY NARRATIVE</p> <p>Carlos Rivera Jr is requesting a handicapped parking sign in front of his residence located at 3813 Scoville apt.#1. He drives a gold 1997 Toyota 4 runner Il plate#E146807 and has a valid Il handicapped placard MA33108. There is a garage on premise that is used by the landlord to park a vehicle in and for storage. Carlos has no access to the garage. There are 2 handicapped signs on the block located at 3812 and 3815 Scoville. Due to the street being a dead end on street parking is limited.</p> <p>Carlos meets the requirements for handicapped parking according to the City of Berwyn ordinance 484.05</p> | | | | |
| <table border="1"> <tr> <td>REPORTING OFFICER YOUNG, TERRY</td> <td>UNIT # 183</td> <td>SUPERVISOR</td> <td>UNIT #</td> </tr> </table> | REPORTING OFFICER YOUNG, TERRY | UNIT # 183 | SUPERVISOR | UNIT # |
| REPORTING OFFICER YOUNG, TERRY | UNIT # 183 | SUPERVISOR | UNIT # | |

Handicapped Space/Zone
Police Department Site Inspection

Application # 1083

Police Department Designee C.S.O. Terry Young

Comments: Garage on premise used by land lord to park vehicle and storage. 2
handicapped signs located at 3812 and 3815 Scoville. Block is mostly two flat apartments with
limited on street parking.

Date: 1/13/2016

Police Report # 16-00434

Handicapped Space/Zone
Public Works Site Inspection

Application # 1083

Public Works Director or Designee _____

Comments: _____

Meets Public Works Criteria:

Parking Space

Yes

| |
|--|
| |
| |

No

X

Parking Zone

Yes

| |
|--|
| |
| |

No

X

Date: _____

Police Report # 16-00434

**Handicapped Space/Zone
Traffic Engineer Site Inspection**

Application # 1083

Traffic Engineer or Designee Nicole Campbell

Comments: Garage, 5 vehicles at residence, applicant has off street vehicle sticker

For Mercedes Benz

Meets Traffic Criteria for:

| | | | | |
|---------------|-----|---|----|---|
| Parking Space | Yes | 0 | No | X |
| Parking Zone | Yes | 0 | No | X |

Date: 2/22/2016

Police Report # 16-00434

Rec'd by City Clerk: 2/29/2016

To Alderman: 2/29/2016

To Council: *4/25/17*

Determination: *OVER RIDE*

Notice to Applicant:

Paid:

Sign #:

Comments:

| |
|--|
| |
| |
| |
| |
| |

The City of Berwyn
Mayor Robert J. Lovero



App # 1083

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

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

INITIAL RENEWAL

Carlos Rivera Jr
(Name of Handicapped Applicant)

(Date of Birth)

3813 S. Scoville Apt 2
(Berwyn Address)

N/A
(Name of caregiver, or guardian if minor)

N/A
(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? other vehicle

Driveway ___ Carport ___

All Applicants must submit the Physicians form (A)

Renters must submit the Owner Consent form (B)

Vehicle Information

Toyota 4 Runner SUV
(Vehicle make and model)

Gold / Beige
(Color / Year)

E146807 E146807
(Illinois License Plate Number)

13796
(Current City Vehicle Sticker Number)

(Illinois Handicapped Plate)

MA 33108
(Illinois Permanent Handicap Placard Number)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit, which said person knows to be false or believes to be false.

Signature of Applicant or Legal Guardian

12-15-15
Date

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

The City of Berwyn
Mayor Robert J. Lovero



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

For Parking

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

Handicapped
due to stroke
cannot walk
uses wheelchair
river forest physicians office
1411 W. LAKE STREET, STE 1120
RIVER FOREST, ILLINOIS 60305

Does the patient utilize any of the following? :

Walker _____ Wheel Chair _____ Cane _____ Oxygen _____

I hereby certify that the physical conditions of the above named "Handicapped Person" constitutes him/her as a handicapped person as defined under the statutory provision Par. 1-159 (Physically Handicapped Person – Every natural person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair.)

M. Schaufman

(Physician's Signature/Stamp)

12/18/15

(Date)

M. Schaufman

(Print Physician's Name)

1411 W Lake Street
708.345.3076

(Address and Telephone Number)

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

The City of Berwyn
Mayor Robert J. Lovero



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 Araceli Garcia, owner/manager of the property at
3813 S. Scoville Berwyn IL, 60402 state as follows:

1) That Carlos Rivera Jr is a tenant at the above listed property.

2) That Carlos Rivera Jr has no access to any parking on the premises.

3) That if Carlos Rivera Jr 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 Jr no longer resides on the premises.

Signature/Date 11/4/10

Name: Araceli Garcia
Address: 3813 Scoville Berwyn, IL 60402
Phone#: _____

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

Mayor
Robert J. Lovero



1st Ward Alderman
Nona Chapman

I-3

M E M O R A N D U M

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**.

| <u>Address</u> | <u>Owner Name</u> | <u>Application #</u> |
|-----------------------|---------------------|----------------------|
| 3811 S. Clarence Ave. | Bernadette McCraven | 1108 |

Thank you very much,

Nona Chapman
1st 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 : Mayor Robert J. Lovero
From: Berwyn Police Department Community Service Division
Date : 8/15/2016
Officer: T. Young#183

Applicant Name: Bernadette McCraven

Address: 3811 S. Clarence Ave. Garden Apt. Berwyn Il 60402

Telephone:

Nature of Disability:

Information

Doctor's Note/ Affidavit:

| Yes | No |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Interviewed:

| Yes | No |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Owner's Support Letter

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Plate

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Garage:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Placard

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Driveway:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Wheelchair:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Off Street:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Walker / Cane:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

On Street:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Oxygen:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Meets Police Dept Requirements

| Yes | No |
|---|--------------------------|
| Space <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Zone <input type="checkbox"/> | <input type="checkbox"/> |

Report # 16-08232

| |
|-----|
| 1ST |
|-----|

 Ward Alderman: NONA CHAPMAN

| | |
|-----------------------------|--|
| Staff Recommendation | |
| Approved | Denied <input checked="" type="checkbox"/> |

OFFICIAL SWORN POLICE REPORT

Berwyn Police Department

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

Incident#: 16-08232

| | | | | |
|---|---|--|------------------------|-------------|
| STATION COMPLAINT UCR/Offense Code 9041 (Applicant File) | | | INCIDENT # 16-08232 | |
| REPORT TYPE Incident Report | RELATED CAD # C16-043570 | DESCRIPTION Applicant File | | |
| DOT # | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 3811 S CLARENCE AV Berwyn, IL 60402 | | | |
| HOW RECEIVED | WHEN REPORTED 08/15/2016 11:55 | TIME OF OCCURRENCE 08/15/2016 11:55 | STATUS CODE | STATUS DATE |

INVOLVED ENTITIES

| | | | | |
|---|--------------------------|------------------------|---------------------|------------------|
| NAME McCraven, Bernadette | | | DOB | AGE 36 |
| ADDRESS 3811 S CLARENCE AV - garden Berwyn, IL 60402 | | FBI # | IR # | |
| SEX F | RACE White, Caucasian | HGT | WGT | HAIR |
| PHONE Home | | DL State IL | | |
| EYES | SID # | DL # | ALT PHONE Mobile | |
| CLOTHING | | Handcuff Double Locked | Prints Taken | Criminal History |
| Employer | | | | |

| | | |
|---|-------------------------|-----------------|
| UCR 9041 Applicant File, 1 - 1count(s) | TYPE Reporting Party | RELATED EVENT # |
|---|-------------------------|-----------------|

INVOLVED VEHICLES

| | | | | |
|------------------------|-------------------|-------------------------------|-------------------------|-------|
| VEH/PLATE # 1767118 | STATE IL | TYPE Sedan, 4-door | INVOLVEMENT Involved | VIN # |
| YEAR 2006 | MAKE Chevrolet | MODEL Malibu and Mailbu Ma | COLOR Blue, Dark | OWNER |

COMMENTS

| | | | | |
|-------|----------|------------|-----------|------|
| Towed | Towed By | Tow Number | Impounded | Hold |
|-------|----------|------------|-----------|------|

NARRATIVES

PRIMARY NARRATIVE

Bernadette McCraven is requesting a handicapped parking sign in front of her residence located at 3811 Clarence garden apt. She drives a blue 2006 Chevy Malibu Maxx II plate# 1767118 has a current Berwyn tag# 7117 and has a valid IL handicapped placard # CE07745. There is a garage and driveway on premise that is used by the owner for a business Leave it to us Inc. to which she has no access to. There is 1 handicapped sign on block located at 3826 Clarence which has a for sale sign in front of it. She resides in a multi unit apartment building. The block is mostly single family homes.

Bernadette meets the requirements for handicapped parking according to the City of Berwyn ordinance 484.05

| | | | |
|-----------------------------------|---------------|------------|--------|
| REPORTING OFFICER YOUNG, TERRY | UNIT # 183 | SUPERVISOR | UNIT # |
|-----------------------------------|---------------|------------|--------|

Handicapped Space/Zone Police Department Site Inspection

Application # 1108

Police Department Designee C.S.O. Terry Young

Comments: Garage and driveway on premise used by owner for a business(Leave it to us Inc.) Block is mostly single family homes. Resides in a multi unit building. 1 sign on block located at 3826 Clarence.

Date: 8/15/2016

Police Report # 16-08232

Handicapped Space/Zone Public Works Site Inspection

Application # 1108

Public Works Director or Designee Dan Schiller

Comments: There are no obstructions to installation of a reserved space at this location. There are no existing reserved spaces on the block. There is a 2 car garage and a driveway on the property with no access.

Meets Public Works Criteria:

Parking Space

Yes

No

Parking Zone

Yes

No

Date: 9/27/2016

Police Report # 16-08232

Handicapped Space/Zone Traffic Engineer Site Inspection

Application # 1108

Traffic Engineer or Designee Nicole Campbell

Comments: 1 vehicle

Meets Traffic Criteria for:

| | | | | |
|---------------|-----|---|----|---|
| Parking Space | Yes | 0 | No | X |
| Parking Zone | Yes | 0 | No | X |

Date: 9/30/2016

Police Report # 16-08232

Rec'd by City Clerk: 9/30/2016
 To Alderman: 9/30/2016
 To Council: 4/25/16
 Determination: OVER RIDE
 Notice to Applicant:
 Paid:
 Sign #:

Comments:

| |
|--|
| |
| |
| |
| |
| |

The City of Berwyn
Mayor Robert J. Lovero



Thomas J. Pavlik
City Clerk

APP #1108

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

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

INITIAL RENEWAL

BERNADETTE McCRAVEN
(Name of Handicapped Applicant)

(Date of Birth)

3811 S. CLARENCE AVE. GARDEN UNIT
(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? BUSINESS LEAVE IT TO US, INC.

Driveway Carport _____

All Applicants must submit the Physicians form (A)

Renters must submit the Owner Consent form (B)

Vehicle Information

CHEVROLET - MALIBU MAXX
(Vehicle make and model)

BLUE 2006
(Color / Year)

17K 7118
(Illinois License Plate Number)

711
(Current City Vehicle Sticker Number)

(Illinois Handicapped Plate)

CE07745
(Illinois Permanent Handicap Placard Number)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit, which said person knows to be false or believes to be false.

[Signature]
Signature of Applicant or Legal Guardian

8/2/16
Date

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



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 MARK KINASTOWSKI, owner/manager of the property at
3811 S. CLARENCE AVE, state as follows:

1) That BERNADETTE 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 BERNADETTE McCRAVEN no longer resides on the premises.

MARK KINASTOWSKI

Signature/Date

Name: MARK KINASTOWSKI
Address: 9027 SIERRA LANE, DALOS HILLS
Phone#: _____

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

The City of Berwyn
Mayor Robert J. Lovero



Thomas J. Pavlik
City Clerk

McCrahen, Bernadette

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

Does the patient utilize any of the following? :

Walker

Wheel Chair

Cane

Oxygen

I hereby certify that the physical conditions of the above named "Handicapped Person" constitutes him/her as a handicapped person as defined under the statutory provision Par. 1-159 (Physically Handicapped Person – Every natural person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair.)

(Physician's Signature/Stamp)

06/28/16

(Date)

SYED RIZVI

(Print Physician's Name)

3722 S HAMMILL AVE AVERSIDGE IL 60546

708-788-2502

(Address and Telephone Number)

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

Mayor
Robert J. Lovero



1st Ward Alderman
Nona Chapman

F-4

M E M O R A N D U M

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**.

| <u>Address</u> | <u>Owner Name</u> | <u>Application #</u> |
|-----------------------|-------------------|----------------------|
| 3746 S. Oak Park Ave. | Joan Aguilar | 1124 |

Thank you very much,

Nona Chapman
1st 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 : Mayor Robert J. Lovero
From: Berwyn Police Department Community Service Division
Date : 10/28/2016
Officer: T. Young#183

Applicant Name: Joan Aguilar

Address: 3746 Oak Park Ave. Berwyn Il 60402

Telephone:

Nature of Disability:

Information

| | | | |
|---------------------------|---|---------------------|---|
| Doctor's Note/ Affidavit: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Interviewed: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Owner's Support Letter | <input checked="" type="checkbox"/> <input type="checkbox"/> | Handicapped Plate | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| Garage: | <input checked="" type="checkbox"/> <input type="checkbox"/> | Handicapped Placard | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Driveway: | <input type="checkbox"/> <input checked="" type="checkbox"/> | Wheelchair: | <input type="checkbox"/> <input type="checkbox"/> |
| Off Street: | <input checked="" type="checkbox"/> <input type="checkbox"/> | Walker / Cane | <input type="checkbox"/> <input type="checkbox"/> |
| On Street: | <input checked="" type="checkbox"/> <input type="checkbox"/> | Oxygen: | <input type="checkbox"/> <input type="checkbox"/> |

| | | |
|-----------------------------------|-------|---|
| Meets Police Dept Requirements | Space | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Zone | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Report # 16-10928

Ward Alderman: NONA CHAPMAN

| | |
|-----------------------------|----------|
| Staff Recommendation | |
| Approved | Denied X |

OFFICIAL SWORN POLICE REPORT

Berwyn Police Department

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

Incident#: 16-10928

| | | | | |
|---|-----------------------------------|---|------------------------|-------------|
| STATION COMPLAINT UCR/Offense Code 9041 (Applicant File) | | | INCIDENT # 16-10928 | |
| REPORT TYPE Incident Report | RELATED CAD # C16-059371 | DESCRIPTION Applicant File | | |
| DOT # | | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 3746 S OAK PARK AV Berwyn, IL 60402 | | |
| HOW RECEIVED | WHEN REPORTED 10/28/2016 10:54 | TIME OF OCCURRENCE 10/28/2016 10:54 | STATUS CODE | STATUS DATE |

INVOLVED ENTITIES

| | | | | | |
|--|------------------|------|----------------|------------------------|-----------------|
| NAME Aguilar, Joan O. | | | | DOB | AGE 3 |
| ADDRESS 3746 S Oak Park AV Berwyn, IL 60402 | | | FBI # | IR # | |
| SEX F | RACE Hispanic | HGT | WGT | HAIR | PHONE Mobile |
| EYES | SID # | DL # | DL State IL | ALT PHONE | |
| CLOTHING | | | | Handcuff Double Locked | Prints Taken |
| Criminal History | | | | | |
| Employer | | | | | |

| | | |
|---|-------------------------|-----------------|
| UCR 9041 Applicant File, 1 - 1count(s) | TYPE Reporting Party | RELATED EVENT # |
|---|-------------------------|-----------------|

INVOLVED VEHICLES

| | | | | |
|------------------------|---------------|-----------------------|-------------------------|-------|
| VEH/PLATE # V754799 | STATE IL | TYPE Station Wagon | INVOLVEMENT Involved | VIN # |
| YEAR 1995 | MAKE Honda | MODEL Accord | COLOR Red | OWNER |

COMMENTS

| | | | | |
|-------|----------|------------|-----------|------|
| Towed | Towed By | Tow Number | Impounded | Hold |
|-------|----------|------------|-----------|------|

NARRATIVES

PRIMARY NARRATIVE

Joan Aguilar is requesting a handicapped parking sign in front of her residence located at 3746 Oak Park. She drives a red 1995 Honda Accord wagon Il plate# V754799, has a valid Berwyn vehicle tag# 5841 and a valid Il handicapped placard# CB73899. She resides in a single family home with a 2 car garage that is used for storage. There is a bus stop directly in front of her residence. There is 1 handicapped sign located at 3741 Oak Park. The are is mostly single family homes.

Joan does not meet the requirements for handicapped parking according to the City of Berwyn ordinance 484.05

| | | | |
|-----------------------------------|---------------|------------|--------|
| REPORTING OFFICER YOUNG, TERRY | UNIT # 183 | SUPERVISOR | UNIT # |
|-----------------------------------|---------------|------------|--------|

Handicapped Space/Zone Police Department Site Inspection

Application # 1124

Police Department Designee C.S.O. Terry Young

Comments: 2 car garage on premise used for storage. Bus stop directly in front of residence. Jandicapped parking sign in front of 3741 Oak Park. Resides in single family home. Block is mostly single family homes.

Date: 10/28/2016

Police Report # 16-10928

Handicapped Space/Zone Public Works Site Inspection

Application # 1124

Public Works Director or Designee Dan Schiller

Comments: It is not possible to install a reserved parking space in front of this property due to a No Parking zone for the bus stop.

Meets Public Works Criteria:

Parking Space

Yes

| | |
|--|--|
| | |
| | |

No

X

Parking Zone

Yes

| | |
|--|--|
| | |
| | |

No

X

Date: 10/28/2016

Police Report # 16-10928

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 | <input type="text" value="0"/> | | No | <input type="text" value="X"/> |
| Parking Zone | Yes | <input type="text" value="0"/> | | No | <input type="text" value="X"/> |

Date: 10/28/2016

Police Report # 16-10928

Rec'd by City Clerk: 10/28/2016
 To Alderman: 10/28/2016
 To Council: 4/25/17
 Determination: OVERRIDE
 Notice to Applicant:
 Paid:
 Sign #:

Comments:

| |
|--|
| |
| |
| |
| |
| |

The City of Berwyn
Mayor Robert J. Lovero



APP# 1124

Thomas J. Pavlik
City Clerk

A Century of Progress with Pride

6700 West 26th Street Berwyn, Illinois 60402-0701 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

INITIAL RENEWAL

Joan Aguilar
(Name of Handicapped Applicant)

(Date of Birth)

3746 Oak Park Ave
(Berwyn Address)

Bernadette Aguilar
(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? Storage

Driveway ___ Carport ___

All Applicants must submit the Physicians form (A)

Renters must submit the Owner Consent form (B)

Vehicle Information

Honda Accord Wagon
(Vehicle make and model)

Red / 1995
(Color / Year)

V75 4799
(Illinois License Plate Number)

5841
(Current City Vehicle Sticker Number)

(Illinois Handicapped Plate)

CB 73899
(Illinois Permanent Handicap Placard Number)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit, which said person knows to be false or believes to be false.

[Signature]
Signature of Applicant or Legal Guardian

9-23-16
Date

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

The City of Berwyn
Mayor Robert J. Lovero



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

Does the patient utilize any of the following? :

Walker

Wheel Chair

Cane

Oxygen

I hereby certify that the physical conditions of the above named "Handicapped Person" constitutes him/her as a handicapped person as defined under the statutory provision Par. 1-159 (Physically Handicapped Person – Every natural person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair.)

J. Walker
(Physician's Signature/Stamp)

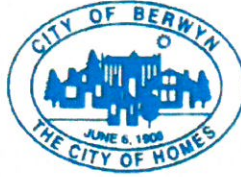
9/23/16
(Date)

J. Walker, MD
(Print Physician's Name)

2434 S Wolf Road
(Address and Telephone Number)
Westchester IL
60154

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

The City of Berwyn
Mayor Robert J. Lovero



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 Janel King / Bernadette Aguilar, owner/manager of the property at
3746 Oak Park Ave, state as follows:

1) That Joan Aguilar is a tenant at the above listed property.

2) That Joan Aguilar has no access to any parking on the premises.

3) That if Joan Aguilar 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 Joan Aguilar no longer resides on the premises.

[Signature]
Signature/Date

Name: Janel King / Bernadette Aguilar
Address: 3746 Oak Park Ave
Phone#: _____

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

Mayor
Robert J. Lovero



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**.

| <u>Address</u> | <u>Owner Name</u> | <u>Application #</u> |
|-----------------------|-------------------|----------------------|
| 3740 S. Oak Park Ave. | Salvador Garcia | 1129 |

Thank you very much,

Nona Chapman
1st 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 : Mayor Robert J. Lovero
From: Berwyn Police Department Community Service Division
Date : 1/23/2017
Officer: T. Young#183

Applicant Name: Salvador Garcia

Address: 3740 S Oak Park Ave Berwyn Il 60402

Telephone: / - - - -

Nature of Disability: Peripheral Neuropathy

Information

Doctor's Note/ Affidavit:

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Interviewed:

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Owner's Support Letter

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Plate

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Garage:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Handicapped Placard

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Driveway:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Wheelchair:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Off Street:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Walker / Cane

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

On Street:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Oxygen:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Meets Police Dept Requirements

| | | |
|-------|-------------------------------------|-------------------------------------|
| Space | Yes | No |
| Zone | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Report # 17-00755

| |
|-----|
| 1st |
|-----|

 Ward Alderman: NONA CHAPMAN

| | |
|-----------------------------|----------|
| Staff Recommendation | |
| Approved | Denied X |

OFFICIAL SWORN POLICE REPORT

Berwyn Police Department

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

Incident#: 17-00755

| | | | | | |
|---|---|--|-------------|------------------------|--|
| STATION COMPLAINT UCR/Offense Code 9041 (Applicant File) | | | | INCIDENT # 17-00755 | |
| REPORT TYPE Incident Report | RELATED CAD # C17-004199 | DESCRIPTION Applicant File | | | |
| DOT # | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 3740 S OAK PARK AV Berwyn, IL 60402 | | | | |
| HOW RECEIVED Radio | WHEN REPORTED 01/23/2017 11:31 | TIME OF OCCURRENCE 01/23/2017 11:31 | STATUS CODE | STATUS DATE | |

INVOLVED ENTITIES

| | | | | | |
|--|------------------|--------------|------------------------|-------------------|------------------|
| NAME GARCIA, SALVADOR | | | | DOB | AGE 60 |
| ADDRESS 3740 S OAK PARK AV Berwyn, IL 60402 | | | FBI # | IR # | |
| SEX M | RACE Hispanic | HGT 5' 6" | WGT 170 | HAIR Black | PHONE Home |
| EYES Brown | SID # | DL # | DL State | ALT PHONE Home | |
| CLOTHING | | | Handcuff Double Locked | Prints Taken | Criminal History |
| Employer | | | | | |

DRAFT

| | | |
|---|-------------------------|-----------------|
| UCR 9041 Applicant File, 1 - 1count(s) | TYPE Reporting Party | RELATED EVENT # |
|---|-------------------------|-----------------|

INVOLVED VEHICLES

| | | | | |
|------------------------|-------------------|---------------------|-------------------------|-------|
| VEH/PLATE # 1081191 | STATE IL | TYPE Carrall/SUV | INVOLVEMENT Involved | VIN # |
| YEAR 2003 | MAKE Chevrolet | MODEL Tahoe | COLOR Beige | OWNER |

COMMENTS

| | | | | |
|-------|----------|------------|-----------|------|
| Towed | Towed By | Tow Number | Impounded | 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 II handicapped placard# CC52060. He resides in 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 too 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

Incident#: 17-00755

| | | | | |
|------------------------------------|--|--------------------|-------------|-------------|
| STATION COMPLAINT UCR/Offense Code | | | | INCIDENT # |
| 9041 (Applicant File) | | | | 17-00755 |
| REPORT TYPE | RELATED CAD # | DESCRIPTION | | |
| Incident Report | C17-004199 | Applicant File | | |
| DOT # | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) | | | |
| | 3740 S OAK PARK AV Berwyn, IL 60402 | | | |
| HOW RECEIVED | WHEN REPORTED | TIME OF OCCURRENCE | STATUS CODE | STATUS DATE |
| Radio | 01/23/2017 11:31 | 01/23/2017 11:31 | | |
| REPORTING OFFICER | UNIT # | SUPERVISOR | UNIT # | |
| YOUNG, TERRY | 183 | | | |

DRAFT

Handicapped Space/Zone Police Department Site Inspection

Application # 1129

Police Department Designee C.S.O. Terry Young

Comments: Residence is a single family home with 2 car garage with a parking slab.
The block is mostly single family homes. There are 2 handicapped signs located at
3741 Oak Park Ave and 3743 Oak Park Ave.

Date: 1/23/2017

Police Report # 17-00755

Handicapped Space/Zone Public Works Site Inspection

Application # 1129

Public Works Director or Designee Dan Schiller

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

Parking Zone

Yes

| |
|--|
| |
| |

No

Date: 1/31/2017

Police Report # 17-00755

Handicapped Space/Zone Traffic Engineer Site Inspection

Application # 1129

Traffic Engineer or Designee Nicole Campbell

Comments: Applicant has a garage and car pad.

Meets Traffic Criteria for:

| | | | | | |
|---------------|-----|--------------------------------|--|----|--------------------------------|
| Parking Space | Yes | <input type="text" value="0"/> | | No | <input type="text" value="X"/> |
| Parking Zone | Yes | <input type="text" value="0"/> | | No | <input type="text" value="X"/> |

Date: 2/3/2017

Police Report # 17-00755

Rec'd by City Clerk: 2/3/2017
 To Alderman: 2/3/2017
 To Council: 4/25/17
 Determination: **OVERRIDE**
 Notice to Applicant:
 Paid:
 Sign #:

Comments:

| |
|--|
| |
| |
| |
| |
| |

The City of Berwyn
Mayor Robert J. Lovero



APP #1129
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

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

INITIAL **RENEWAL**

Salvador Garcia
(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

Are you the homeowner? Yes / No

If so, what is the garage currently being used for? Storage & spouse's vehicle

Driveway ___ Carport ___

All Applicants must submit the Physicians form (A)

Renters must submit the Owner Consent form (B)

Vehicle Information

Chevy Tahoe
(Vehicle make and model)

Sandstone / 2003
(Color / Year)

108-1191
(Illinois License Plate Number)

855
(Current City Vehicle Sticker Number)

(Illinois Handicapped Plate)

CC 52060
(Illinois Permanent Handicap Placard Number)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit, which said person knows to be false or believes to be false.

Salvador Garcia
Signature of Applicant or Legal Guardian

10/25/16
Date

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

The City of Berwyn
Mayor Robert J. Lovero



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)

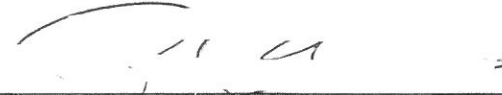
This form must be filled out in its entirety and signed by your physician.

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

Does the patient utilize any of the following? :

Walker _____ Wheel Chair _____ Cane _____ Oxygen _____

I hereby certify that the physical conditions of the above named "Handicapped Person" constitutes him/her as a handicapped person as defined under the statutory provision Par. 1-159 (Physically Handicapped Person – Every natural person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair.)



(Physician's Signature/Stamp)

10/25/16

(Date)

Richard H. Bertenshaw, MD
5201 Willow Springs Rd. Suite 130
LaGrange, IL60625 P:708-354-5631
(Print Physician) F:708-482-0106 DEA:BB3012072
Lic:036-074851 NPI: 1992721898

(Address and Telephone Number)

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

The City of Berwyn
Mayor Robert J. Lovero



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
3740 Oak Park, state as follows:

1) That Self is a tenant at the above listed property.

2) That Self has no access to any parking on the premises.

3) That if Self 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.

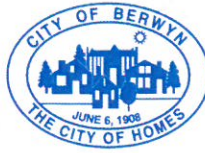
4) I agree to notify the City of Berwyn if Self no longer resides on the premises.

Salvador Garcia - 10-25-16
Signature/Date

Name: Salvador Garcia
Address: 3740 Oak Park
Phone#: _____

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

Mayor
Robert J. Lovero



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**.

| <u>Address</u> | <u>Owner Name</u> | <u>Application #</u> |
|------------------------|-------------------|----------------------|
| 3640 S. Wisconsin Ave. | Stephen Brown | 1139 |

Thank you very much,

Nona Chapman
1st 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 : Mayor Robert J. Lovero
From: Berwyn Police Department Community Service Division
Date : 1/31/2017
Officer: T. Young#183

Applicant Name: Stephen Brown

Address: 3640 S Wsiconsin Ave Berwyn Il 60402

Telephone:

Nature of Disability:

Information

Doctor's Note/ Affidavit:

| Yes | No |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Interviewed:

| Yes | No |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Owner's Support Letter

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Plate

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Garage:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Handicapped Placard

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Driveway:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

Wheelchair:

Off Street:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Walker / Cane:

On Street:

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

Oxygen:

Meets Police Dept Requirements

| Yes | No |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Report # 17-00902

| |
|-----|
| 1ST |
|-----|

 Ward Alderman: NONA CHAPMAN

| | |
|-----------------------------|--|
| Staff Recommendation | |
| Approved | Denied <input checked="" type="checkbox"/> |

OFFICIAL SWORN POLICE REPORT

Berwyn Police Department

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

Incident#: 17-00902

| | | | | | |
|---|--|--|-------------|------------------------|--|
| STATION COMPLAINT UCR/Offense Code 9041 (Applicant File) | | | | INCIDENT # 17-00902 | |
| REPORT TYPE Incident Report | RELATED CAD # C17-004955 | DESCRIPTION Applicant File | | | |
| DOT # | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 3640 S WISCONSIN AV Berwyn, IL 60402 | | | | |
| HOW RECEIVED Telephone | WHEN REPORTED 01/27/2017 11:42 | TIME OF OCCURRENCE 01/27/2017 11:42 | STATUS CODE | STATUS DATE | |

INVOLVED ENTITIES

| | | | | | |
|---|---------------------------------|------|----------|------------------------|-----------------|
| NAME Brown, Stephen W. | | | | DOB | AGE 64 |
| ADDRESS 3640 S WISCONSIN AV Berwyn, IL 60402 | | | FBI # | IR # | |
| SEX M | RACE Black, African American | HGT | WGT | HAIR | PHONE Mobile |
| EYES | SID # | DL # | DL State | ALT PHONE | |
| CLOTHING | | | | Handcuff Double Locked | Prints Taken |
| Criminal History | | | | | |
| Employer | | | | | |

| | | |
|---|-------------------------|-----------------|
| UCR 9041 Applicant File, 1 - 1count(s) | TYPE Reporting Party | RELATED EVENT # |
|---|-------------------------|-----------------|

| | | | | | |
|---|---------------------------------|------|----------------|------------------------|-----------------|
| NAME Taylor, Stacey B | | | | DOB | AGE 51 |
| ADDRESS 3640 S WISCONSIN AV Berwyn, IL 60402 | | | FBI # | IR # | |
| SEX F | RACE Black, African American | HGT | WGT | HAIR | PHONE Mobile |
| EYES | SID # | DL # | DL State IL | ALT PHONE | |
| CLOTHING | | | | Handcuff Double Locked | Prints Taken |
| Criminal History | | | | | |
| Employer | | | | | |

| | | |
|---|---------------|-----------------|
| UCR 9041 Applicant File, 1 - 1count(s) | TYPE Other | RELATED EVENT # |
|---|---------------|-----------------|

INVOLVED VEHICLES

| | | | | |
|-----------------------|----------------|------------------|-------------------------|----------------------------|
| VEH/PLATE # JMW978 | STATE IL | TYPE Sedan | INVOLVEMENT Involved | VIN # 5N1AZ2MH1FN207817 |
| YEAR 2015 | MAKE Nissan | MODEL Unknown | COLOR Brown | OWNER |
| COMMENTS | | | | |
| Towed | Towed By | Tow Number | Impounded | Hold |

OFFICIAL SWORN POLICE REPORT

Berwyn Police Department

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

Incident#: 17-00902

| | | | |
|---|--|--|----------------------------|
| STATION COMPLAINT UCR/Offense Code 9041 (Applicant File) | | | INCIDENT # 17-00902 |
| REPORT TYPE Incident Report | RELATED CAD # C17-004955 | DESCRIPTION Applicant File | |
| DOT # | LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 3640 S WISCONSIN AV Berwyn, IL 60402 | | |
| HOW RECEIVED Telephone | WHEN REPORTED 01/27/2017 11:42 | TIME OF OCCURRENCE 01/27/2017 11:42 | STATUS CODE STATUS DATE |

NARRATIVES

PRIMARY NARRATIVE

Stephen Brown () requesting a handicapped parking sign in front of his residence located at 3640 Wisconsin. He does not drive and has a valid Il 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 requirements for Handicapped parking but does meet the requirements for Handicapped drop off zone according to the City of Berwyn ordinance 484.05

| | | | |
|-----------------------------------|---------------|------------|--------|
| REPORTING OFFICER YOUNG, TERRY | UNIT # 183 | SUPERVISOR | UNIT # |
|-----------------------------------|---------------|------------|--------|

DRAFT

Handicapped Space/Zone Police Department Site Inspection

Application # 1139

Police Department Designee C.S.O. Terry Young

Comments: Resides in a single family home with 2 car garage. Sign located at current address. No other signs. Block mostly single family homes.

Date: 1/31/2017

Police Report # 17-00902

Handicapped Space/Zone Public Works Site Inspection

Application # 1139

Public Works Director or Designee Dan Schiller

Comments: There is an existing reserved parking space at this location. There are no other reserved spaces on the block. There is a 2 car garage on the property.

Meets Public Works Criteria:

| | | | | | |
|--|---------------|-----|--------------------------|----|-------------------------------------|
| | Parking Space | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Parking Zone | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

Date: 2/3/2017

Police Report # 17-00902

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 | Yes | <input type="text" value="0"/> | No | <input type="text" value="X"/> |
| Parking Zone | Yes | <input type="text" value="0"/> | No | <input type="text" value="X"/> |

Date: 2/7/2017

Police Report # 17-00902

Rec'd by City Clerk: 2/7/2017
 To Alderman: 2/7/2017
 To Council: 4/25/17
 Determination: OVER RIDE
 Notice to Applicant:
 Paid:
 Sign #:

Comments:

| |
|--|
| |
| |
| |
| |
| |

The City of Berwyn
Mayor Robert J. Lovero



Thomas J. Pavlik
City Clerk

APP # 1139

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

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

INITIAL **RENEWAL**

Stephen W. Brown
(Name of Handicapped Applicant)

(Date of Birth)

3640 Wisconsin Ave
(Berwyn Address)

Stacey B. Taylor
(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? car

Driveway ___ Carport ___

All Applicants must submit the Physicians form (A)

Renters must submit the Owner Consent form (B)

Vehicle Information

Nissan Murano Platinum AWD
(Vehicle make and model)

Jade metallic [Brown] 2015
(Color / Year)

JMW978
(Illinois License Plate Number)

14997
(Current City Vehicle Sticker Number)

(Illinois Handicapped Plate)

CG 09773
(Illinois Permanent Handicap Placard Number)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit, which said person knows to be false or believes to be false.

Signature of Applicant or Legal Guardian

1-10-17
Date

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

The City of Berwyn
Mayor Robert J. Lovero



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

Does the patient utilize any of the following? :

Walker _____ Wheel Chair _____ Cane _____ Oxygen _____

I hereby certify that the physical conditions of the above named "Handicapped Person" constitutes him/her as a handicapped person as defined under the statutory provision Par. 1-159 (Physically Handicapped Person – Every natural person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair.)

[Signature]
(Physician's Signature/Stamp)

Dane Volden MD
(Print Physician's Name)

1/11/16
(Date)
Hines VA Hospital - Gmc clinic
5000 S. 5th Avenue
Hines IL 60141
(Address and Telephone Number)

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

The City of Berwyn
Mayor Robert J. Lovero



Thomas J. Pavlik
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Form B

Owner Consent For Handicap Sign

Placement/Drop-off Zone

I Stephen W. Brown & Stacey Taylor owner/manager of the property at
3640 Wisconsin Ave, state as follows:

1) That _____ 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 _____ no longer resides on the premises.

Signature/Date 1/13/17

Name: STACEY B. TAYLOR / Stephen W Brown
Address: 3640 Wisconsin Ave
Phone#: _____

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

Germane J-4

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:

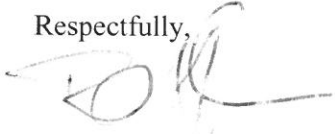
Beginning with my new term as Mayor of the City of Berwyn, and according to my statutory duty, I will be making the following reappointments per Chapter 242 of the Codified Ordinance of the City of Berwyn. Following are my recommendations for the appointed positions:

| | |
|--|---------------------|
| City 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 |
| Police Division Commander | Giordano 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