Industrial Permit Parking Application

The intent of the Industrial Permit Parking Program is to provide legal employee and visitor parking directly adjacent to a business’ property line. The goal of the program is to promote employee safety and the security of a business’ physical assets.

Once an application is submitted by a business, the business’ owner/manager is requested to submit all documents to the alderman of the affected ward. The signature of the alderman of the affected ward is required on the line provided below. Any application submitted without aldermanic approval shall be considered null and void.

Name of the alderman of the affected ward: _________________________

Ward Number: ________

______________________________________________________________________________

(Alderman’s Signature)

Please provide the following information:

1. The Industrial Permit Parking Application is submitted for the following:

   Name of Business: ____________________________________________________________

   Address:
   __________________________________________________________________________

   Zip Code: __________________________

   Area Code & Phone:
   (_______)______________________________________________________________

   Name of Owner/Manager of Business: __________________________________________

2. An Industrial Permit Parking Zone must be at least one block in length and include both sides of the street. A zone may be established only on streets devoted primarily to industrial use. Please identify the boundaries of the proposed zone, the types of property uses located in the zone, the hours of the day, and the days of the week or the months of the year during which the proposed zone shall be in effect.
3. According to the Municipal Code of Chicago, the owner/manager is required to provide his/her signature affirming the statement below:

   I, ______________________________________________________________
   Name of Owner/Manager

   verify that sixty percent or more of the vehicles parked in the above summarized boundaries are continually parked for a consecutive eight hour period in connection with the businesses located in the proposed zone.

   ______________________________________________________________
   Signature of Owner/Manager

4. The applicant and/or applicants shall give notice of the proposed Industrial Permit Parking designation in a newspaper of general or local circulation and must provide a copy of the published newspaper notice. Please identify the appropriate publication date.

5. Sixty percent or more of the owners/managers of businesses located within the boundaries of the proposed Industrial Permit Parking Zone must signal their consent by signing below.

6. I, ______________________________________________________________
   Name of Owner/Manager

   owner/manager of the above business request your consent to establish an Industrial Permit Parking Program.

   Please provide the following information:

   Name of Business: ______________________________________________________

   Address: ______________________________________________________________

   Phone Number: _________________________________________________________

   Name of Owner/Manager: _______________________________________________

   Signature of Consent: ___________________________________________________
Name of Business: ________________________________________________________

Address: ________________________________________________________________

Phone Number: __________________________________________________________

Name of Owner/Manager: _________________________________________________

Signature of Consent: ____________________________________________________

Name of Business: ________________________________________________________

Address: ________________________________________________________________

Phone Number: __________________________________________________________

Name of Owner/Manager: _________________________________________________

Signature of Consent: ____________________________________________________

Name of Business: ________________________________________________________

Address: ________________________________________________________________

Phone Number: __________________________________________________________

Name of Owner/Manager: _________________________________________________

Signature of Consent: ____________________________________________________

The person or persons circulating each petition must provide a notarized signature:

Name of person circulating petition: ________________________________

Signature of person circulating petition: ________________________________