

Handicapped Parking Space Application

Section A

Applicant Information	
Name	Telephone Number
Street Address	

Section B

Vehicle Information	
Owner's Name	Driver's License Number
Owner's Address (Including city, state and zip code.)	
License Plate Number and Expiration Date	
Vehicle Make & Year	
If not your vehicle, why are you requesting a zone for a vehicle not registered to you?	

Section C

Property Owners of Rental Residents	
(Applicant's name) has advised me that he/she has applied for a handicapped persons parking space, and if approved the Borough would install handicapped parking only signs completely or partially along my rental property.	
Signature	Date
Print Name	
Telephone number	

Please Answer The Following Questions

What is the nature of your disability?

Explain why you believe you require a reserved zone?

Do you use a wheelchair? Yes _____ No

If not, do you use any other implement to add mobility?

Crutches _____ Braces _____ Other Security _____

Do you have a garage or any other off street parking? Yes _____ No
If yes, please explain why you are requesting a reserved on street parking space.

Do you have a hanging handicap placard? Yes _____ No
If yes, what is the placard Number and date it expires.
You must have a placard before you can receive a handicapped parking space.

Are you the property owner? Yes _____ No
If **yes**, please **skip** section D
If **no**, please **complete** section D

How wide is your residence? _____ Feet
If less than 20 ft. **Complete** section E.

Any other handicap Parking spaces on your block? Yes _____ No
If yes, please list address(s):

Is there a fire hydrant along your frontage? Yes _____ No

Section D Section E

Notification To Neighbors

(Applicant's Name) _____ has advised me that he/she

_____ has applied for a handicapped persons parking space, and if approved the Borough would install handicapped parking only signs completely or partially along my property.

Applicant suffers from severe limitation in the ability to walk due to arthritic, neurological or orthopedic condition which prevents them from walking 200 feet without stopping to rest?	Yes	No

Applicant is medically required to use portable oxygen?	Yes	No

Applicant has limited or no use of one or both legs?	Yes	No

Applicant suffers from serious cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association?	Yes	No

Does the applicant suffers from any other physical or mental impairment not heretofore mentioned which constitutes a substantial degree of disability and imposes great difficulty on applicant walking more than 200 feet without stopping? Yes No		

Prognosis for the applicant's recovery?		
Applicant's disability:	Temporary	Permanent

In your opinion, do you feel that the applicant qualifies for a reserved parking space on or near the street of his/her residence?	Yes	No

It is a crime to give false or misleading information on this statement. Falsification could lead to importation of fines as provided in section 4904, PA Crime Code.		
Date:		
Physician's signature:		
Physician's state license Number:		