

Borough of Waynesburg, Greene County, Pennsylvania Handicapped Parking Space Application

Section A

Applicant Information		
Name	Telephone Number	
Street Address		
CITY	STATE	ZIP CODE
EMAIL 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?	
Signature Section	
<p>I hereby make application for a handicapped parking space in accordance with section 3354 (d) of the PA vehicle code, Title 75 and with the disabilities listed above.</p> <p>It is a crime to give false or misleading information on this application. Falsification will lead to fines such as the ones in paragraph 4904 (2) of the PA Crimes Code, Title 18.</p> <p>I hereby understand by signing this application I agree to notify the City of Lancaster immediately if and when the I move from the address set forth on this application or no longer have a disability or no longer possess a valid handicapped registration plate or placard.</p>	
Signature	
Date	

Section C

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 or plate?	Yes _____ No _____
If yes, what is the placard or plate number and the date it expires.	
Plate or Placard Number _____	Expiration Date _____

Section D

Are you the property owner?	Yes _____ No _____
If you are not the property owner, please list the owner's name and telephone number below.	
Owner Name _____	Telephone Number _____
Have you notified the owner/tenant on either side of your property that you are applying for a handicap space? Please provide the name and address of who you contacted.	
Property Owner/tenant Name _____	Property Owner/tenant Name _____
Address _____	Address _____
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 _____

Please Note: If parking is not permitted along the applicant's side of the street the city might request the applicant to notify the neighbors on the other side of the street.

Physicians Statement

Patient's Name		
Applicant's disability (diagnosis)		
Describe disability in detail (Functional Abilities)		
Does the applicant need to be lifted in or out of the vehicle?		
Yes	No	
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 suffer 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		
Printed Name Physician's State		
license Number: Office Address:		
Office Telephone Number:		