

Borough of Palmerton

443 DELAWARE AVENUE
CARBON COUNTY
PALMERTON, PA 18071
610-826-2505
FAX 610-826-4386



HANDICAP PARKING SIGN APPLICATION

Please read the attached application carefully. Complete this form, and return it along with a **copy** of your driver's license, vehicle registration and handicap plate number or placard when applicable. A check in the amount of **\$150.00** (Non-refundable) must accompany the application. Submit your application to:

Palmerton Borough Police Department
443 Delaware Avenue
Palmerton, PA 18071

Also, attached is a form which must be completed by your physician, certifying the nature of your disability. This form **must** be completed and accompany the application.

To qualify for handicap parking, the following criteria must be met:

1. Applicant and/or disabled person must reside at the address to which vehicle is registered.
2. Vehicle must have one of the following issued by the State of Pennsylvania:
 - a. Handicap license plate
 - b. Severely Disabled Veteran handicap license plate
 - c. Handicap parking placard
3. Applicant and or disabled person cannot have off-street parking available, garage, driveway, etc.
4. The disabled person must have a disability that strictly restricts ambulatory.
5. Applicant **must** pay a **\$150.00** non-refundable application fee.
6. The Handicap space once approved will remain open to public use.

****Please Note:** The Physician's report **MUST BE PRINTED OR TYPED** to be clearly read, or application will be returned without approval.

APPLICANT AND OR DISABLED PERSON MUST SUBMIT A COPY OF HIS/HER DRIVER'S LICENSE, VEHICLE REGISTRATION AND HANDICAP PLACARD (WHEN APPLICABLE) AND A NON REFUNDABLE APPLICATION FEE **\$150.00**.

forms\handicap parking sign application.docx

APPLICANT INFORMATION

Name of Applicant: _____ Phone # _____
(print clearly)

Address: _____

Is Applicant disabled? (please check one) Yes () No ()

If NO, name of disabled person: _____
(print clearly)

VEHICLE INFORMATION

License plate # _____ Handicap placard # _____

Is driver of the vehicle disabled? (please check one) Yes () No ()

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What is the nature of your disability? _____

2. Explain why you feel you need a handicap parking space: _____

3. Do you use one if the following? (please check all that apply)

Wheelchair	()	cane	()
Crutches	()	braces	()
Walker	()	other	() Please specify:
n/a	()	_____	

4. Do you have off street parking? Yes () No ()
If yes, please check Garage () Driveway ()

5. Is there any type of parking restrictions on your street? Yes () No ()
If yes, please describe: _____

6. Do you rent the property where you are residing? Yes () No ()

7. If yes, your landlord will need to sign below:

Property Manager's Name: _____

Address: _____

Phone number: _____ Date: _____

This notes that you have no objection to the Borough of Palmerton installing a handicap sign for your tenant along the public sidewalk in front of the property at the above address.

I hereby certify that all of the information on this application is true and correct to the best of my knowledge. I further agree that if I use this zone in any other matter other than that which I describe at the time of this application, the zone will be removed. In addition, I agree that the Borough of Palmerton retains the rights to remove this zone at any time.

Applicant's signature

Date

Note: It is a crime to give false or misleading information on this application. Falsification could lead to the imposition of fines as provided in paragraph 3354 € of the Vehicle Code, 75 PA.C.S.A., together with the costs of prosecution.

PHYSICIAN'S STATEMENT

(must be printed or typed)

Policy Statement – A handicap parking space in front of a residence is a special privilege granted by the Borough of Palmerton only to people who have severe physical disabilities.

Patient's Name: _____ Age: _____

1. Please indicate the patient's diagnosis: _____

2. Please describe in detail why you feel applicant should have handicap parking:

3. If the applicant's diagnosis is heart disease, please check the below classification:

- () Class I Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or angina pain.

- () Class II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or angina pain.

- () Class III Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable as rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or angina pain.

- () Class IV Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the angina syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

PHYSICIAN'S STATEMENT (continued)

- 4.** Is the patient restricted by lung disease? () Yes () No
a. If yes, is patient restricted to the extent that the patient's forced (respiratory) expiratory volume for one second when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest?
() Yes () No
b. Uses portable oxygen? () Yes () No
- 5.** Can the applicant walk more than 200 feet without stopping to rest? () Yes () No
- 6.** Is the patient's disability permanent? () Yes () No
If no, what is the patient's prognosis for recovery? _____

- 7.** Does the patient drive a motor vehicle? () Yes () No
- 8.** Can the patient walk up or down steps without difficulty? () Yes () No
- 9.** Does the patient walk with the assistance of a cane, crutch, prosthetic device, brace or other assistance device? () Yes () No

COMMENTS: _____

Physician's Name: _____

Address: _____

Phone number: _____ Date: _____

Physician's signature: _____

Note: It is a crime to give false or misleading information on this application. Falsification could lead to the imposition of fines as provided in paragraph 3354 (E) of the Vehicle Code, 75 PA.C.S.A., together with the costs of prosecution.