

HANDICAPPED PARKING SPACE APPLICATION

(Please keep this page for your reference)

Dear Applicant:

Enclosed, you will find an application for Residential Parking for People with Disabilities. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the instructions given on the application will be returned to the applicant without action.

Attached is a form that must be completed by your physician, certifying the nature of your disability. This form must be completed and signed by the Physician's office and returned with the completed application.

Upon our receipt and verification of your completed application, a representative of the Borough of Ben Avon will contact you. At that time, an appointment may be made for an in-person interview and/or to survey parking as it applies to your particular situation.

Approval of a handicapped parking space does not guarantee that the space will be used by the applicant only. Anyone with a PA handicapped license or placard may use this space.

DISABLED RESERVED PARKING CRITERIA

1. The disabled person must have been granted and have in their possession a hanging placard/plate or DVHP license plate from the PA Department of Transportation for his/her vehicle.
2. The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person – ie. spouse, parent.
3. The disabled person must be mobility impaired to the extent that ambulation is severely restricted.
4. The street width in front of the residence must be adequate to allow parking space.
5. The individual cannot have an off-street parking space available.
6. All spaces will be reviewed on an annual basis.
7. The handicapped parking space will be immediately removed with misuse of any kind.

Return Application and direct questions to:

Ben Avon Borough
7101 Church Ave.
Pittsburgh, PA 15202
412-766-7704
benavon@benavon.com

Handicapped Parking Space Application

<i>Section A</i>	Applicant Information
Name	Phone
Street Address	
What is the nature of your disability?	
Explain why you believe you require a reserved parking space.	
Do you use a wheelchair? Yes _____ No _____	
If not, do you use any other implement to add mobility? Crutches _____ Braces _____ Other _____	
Do you have a garage or any other off street parking? Yes _____ No _____ If yes, please explain why you are requesting a reserved street parking space.	
Do you have a handicap hanging placard or license plate? Yes _____ No _____ If yes, please list placard/plate number and date it expires: You must have a placard or plate before you can receive a handicapped parking space.	
How wide is the frontage property of your residence? _____ Feet	
Are there any other handicap Parking spaces on your block? Yes _____ No _____	
Is there a fire hydrant along your frontage? Yes _____ No _____	
Are you the property owner? Yes _____ No _____	
If yes, please skip to section C. If No, please complete section B.	

<i>Section B</i>	Property Owners of Rental Residents
<p>_____ (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.</p>	
Signature	Date
Print Name	
Telephone number	
<i>Section C</i>	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?	
Applicant's Certification and Signature	
<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>I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.</p> <p>I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.</p> <p>I hereby agree to notify the Borough of Ben Avon 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

Application for Residential Handicapped Parking Space Physician's Certification

Applicant's Name _____

I, the undersigned Physician, do hereby certify that:

- I am a physician in good standing currently licensed to practice medicine in the Commonwealth of Pennsylvania.

- The above-named person (applicant) is currently under my care; and

- That the applicant (check all that apply).

_____ Cannot walk a minimum distance of 200 feet without stopping to rest.

_____ Is restricted to a wheelchair.

_____ Requires use of a walker and/or crutches.

_____ Is restricted by lung disease to such an extent that his/her forced expiratory volume for one second, when measured by spirometry, is less than one liter of the arterial oxygen tension is less than 60 MM/HG of room air at rest.

_____ Uses portable oxygen.

_____ Has a cardiac condition to the extent that his/her functional limitations are classified in severity as Class III of Class IV according to the standards set forth by the American Heart Association.

Physician's Name _____

Corporate Name (if different) _____

Type of Practice _____

Business Address _____

Business Telephone No. _____ Date _____

Physician's Signature _____

Borough of Ben Avon Office Use only

Permanent Short-Term To Be Determined

Comments: _____

Approved _____ Declined _____

Mayor's Signature: _____

DATE: _____

Annual Review/Renewal Due on: _____

FOR FUTURE USE AS NEEDED:

Notification To Neighbors

_____ 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.

Adjacent property owner/occupant to Adjacent property owner/occupant to the left

the right

Name (please print) Name (please print)

Signature Signature Address Address Phone Number Phone Number

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.