

**BOROUGH OF COLUMBIA
APPLICATION FOR HANDICAP PARKING SIGN**

PLEASE BE ADVISED THAT THE APPLICANT MUST MEET THE FOLLOWING CRITERIA TO BE ELIGIBLE FOR HANDICAP PARKING IN FRONT OF THEIR RESIDENCE:

1. APPLICANT MUST OWN A VEHICLE (PROVIDE PHOTOCOPY OF VEHICLE REGISTRATION)
2. APPLICANT MUST POSSESS A CURRENT STATE ISSUED HANDICAP PLACARD OR LICENSE PLATE (COPY REQUIRED)
3. IF APPLICANT IS NOT OWNER OF PROPERTY, LETTER OF PERMISSION FROM PROPERTY OWNER FOR SIGN INSTALLATION MUST BE SUBMITTED
4. A VALID PA DRIVER'S LICENSE ISSUED TO THE APPLICANT (PROVIDE PHOTOCOPY)
5. NO ACCESSIBLE OFF-STREET PARKING ON APPLICANT'S PROPERTY
6. SUBMIT A COMPLETED APPLICATION WITH APPROPRIATE FEE

_____ \$50.00 Installation Fee for New Sign (If sign request is denied, \$40.00 will be refunded-\$10.00 non-refundable administrative fee.)

_____ \$50.00 Applicant Request to Move Sign to New Address

_____ \$10.00 Annual Renewal Fee (Failure to return this completed form by December 31 of each year after first year of initial approval could result in the removal of the handicap parking sign.)

_____ Request to Remove Sign (Please check and return this form or call 684-2467 x215; provide name, telephone number and location of sign.)

Applicant Information:

Handicapped Individual: _____ Signature: _____

Address: _____ Telephone: _____

Name of Person Completing This Form: _____
(If different than above handicapped individual.)

Address: _____ Telephone: _____

Signature: _____

Vehicle Information (Vehicle owned by handicapped applicant):

Make of Vehicle: _____ Color: _____ Year: _____

Vehicle Registration #: _____

License Plate #: _____ Handicap Plate? Yes No

Handicap Placard? Yes No Placard #: _____ Expiration Date: _____

Property Information:

Address where sign is to be installed: _____

Is off-street parking available on your property? _____ Yes _____ No

Adjacent Property Information:

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Physician's Certification of Continued Need for Handicap Parking:

Physician's Name: _____

Address: _____ Telephone: _____

Description of Applicant's Physical Impairment: _____

How Does Impairment Limit Mobility: _____

Does Applicant Need an Assistive Device to Walk?
(e.g. wheelchair, crutches, walker, cane) _____

Duration of Handicap: _____ Permanent
_____ Temporary (Include a detailed statement as to anticipated length of
impairment)

Does Applicant Need Special Parking Privileges? Yes No

Signature of Physician

Date of Certification

REVIEW/APPROVAL PROCESS - FOR OFFICE USE ONLY

REVIEW PROCESS:

CODE ENFORCEMENT OFFICER RECOMMENDATION TO BOROUGH MANAGER YES ____ NO ____
REASON(S): Initials/Date _____

APPROVAL PROCESS:

BOROUGH MANAGER YES ____ NO ____
REASON(S): Initials/Date _____

SIGN PLACEMENT:

SIGN ERECTED BY HIGHWAY DEPARTMENT: Initials/Date _____