



## PERSON WITH DISABILITY PARKING SPACE PERMIT APPLICATION

Application Type  New

Name: \_\_\_\_\_

Renewal

Address: \_\_\_\_\_

Applicant Signature / Date

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**If applicable, please attach copies of:**

Person with Disabilities License Plate, Person with Disabilities Placard, and/or PA Driver's License.

**Are you the property owner? Yes No**

**IF NO**, please attach a notarized statement from the property owner consenting to the application.

**Explain why a physically disabled parking space in front of your house is needed:**

**Do you have garage or other off-street parking available? Yes No**

**If YES**, please explain why this is not suitable:

**REASON(S) FOR REQUESTING A PARKING SPACE PERMIT (to be medically verified):**

- Applicant is wheelchair confined.
- Person requesting permit is caring for an individual with a severe physical or mental disability.
- Applicant is unable to walk a distance of 200 feet.
- Applicant has severe cardiopulmonary insufficiency that requires use of ambulatory oxygen.
- Applicant requires the use of prosthetic devices that restrict normal ambulation.
- Applicant has other physical or mental limitations severe enough to warrant accessible parking space.

Please  
Specify:

**MEDICAL VERIFICATION:**

**Please attach a signed letter from the applicant's health care provider**, dated not more than 6 months prior to the date of application, which sets forth the disability, the expected duration of the disability, the applicant's specific limitations, and why the provider believes the applicant requires a disability parking space in front of his/her residence.

**NOTE:** All accessible parking spaces are subject to periodic review, and can be revoked if abused or it is clear a designated space is no longer needed. Council reserves the right to request additional medical records evidencing disability or ongoing disability.