



## RESIDENTIAL HANDICAP PARKING APPLICATION INSTRUCTIONS

All sections of this application **MUST** be completed and additional documents submitted to qualify for review by the York City Parking Bureau. **All items on the checklist below must be submitted with the application to ensure that a completed application has been submitted.** A qualified Health Care Physician must complete their section of the application. Patient must have been examined within 6 months of receipt of the application. Any application that is not completed upon submission will not be reviewed.

### Additional Items to be Submitted with Completed Application:

- Copy of Valid Driver's License
- Copy of Vehicle Registration
- Copy of PennDOT issued Handicap Placard (Not applicable if applicant has license plate.)
- Copy of Handicap ID Card

### **DISABLED PERSON RESERVED PARKING CRITERIA:**

The disabled person must be eligible for, and have in their possession, a HCP, PD, DVHP license plate, or HCP placard from the PA Department of Transportation for his/her vehicle. The driver of the vehicle need not be the disabled person, as long as the driver resides in the household of the disabled person - i.e. spouse, parent, child. State requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He/She may be a child or person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.

The individual cannot have an off-street parking space available.

The street width in front of the residence must be adequate enough to allow parking. No temporary handicap space will be installed for less than one (1) year.

No metered parking locations will be considered. Please do not submit an application if your residence is situated on a street with parking meters.

### **ELIGIBILITY REQUIREMENTS ("Reason Codes")**

#### Applicant:

- (1) is blind.
- (2) does not have full use of an arm or both arms.
- (3) cannot walk 200 feet without stopping to rest.
- (4) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
- (5) is restricted by lung disease to such an extent that the person'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.
- (6) uses portable oxygen.
- (7) has a 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.
- (8) is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

### **Qualifying Vehicles**

- (1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 lbs.
- (2) The placard is required to be displayed when the vehicle is parked in areas designated for use by persons with disability only and must not be displayed when the vehicle is being operated on the highway.

**ADDITIONAL INFORMATION** - the York City Parking Bureau is a member of the City's Traffic Safety Committee and will complete review of the application. The applicant will be contacted within thirty (30) days regarding the decision. If the application is not completed correctly, the application will be returned to the applicant without action. Approved applicants will have the space assigned to the vehicle provided in the application. A second vehicle can be added after the approval. It is the responsibility of the applicant to notify the York City Parking Bureau of any and all changes to the assigned vehicle.

### **Renewals**

Renewals for all previously approved residential handicap parking spaces must be completed and returned by March 15 of the renewing year. Please contact the York City Parking Bureau if there is a circumstance that prevents the renewal from being submitted. Any renewal that is not submitted by June 30 of the renewing year, with no contact to the York City Parking Bureau, is subject to the space being removed.

The York City Parking Bureau will notify applicants of approval or denial by mail. If approved, the York City Parking Bureau will coordinate with the City's Highway Department for installation of the space. Per City ordinance, residential handicap parking spaces that are approved will be assigned to the applicant's vehicle provided in the application. It's the applicant's responsibility to notify the York City Parking Bureau if the assigned vehicle changes in any way, so the information can be updated immediately. Anyone who is not authorized to park in another residential handicap parking space is subject to a fine of \$150.00, per the City's ordinance.

**York City Parking Bureau****Person with Disability Residential Handicap Parking Application****No Fee Required**

The Honorable Sandie Walker, Mayor

(The space above is for Department use only)

York City Parking Bureau - 101 S. George St., York PA 17401

**CHECK  APPROPRIATE BOX BELOW** Original Request Renewal Request Transfer Request**A. PERSON WITH DISABILITY INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY**

LAST NAME

FIRST NAME

MIDDLE NAME

STREET ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

TELEPHONE NUMBER

NOTE: If you are the parent or adult chared by law with the natural parent's rights, duties, and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents (person in loco-parentis), you must complete the information below. In addition, a parent, including an adoptive or foster parent who has custody care or control of the child or adult child or a spouse may sign on behalf of the child, adult child or spouse (applicant) provided the applicant meets eligibility requirements (1) through (8).

NAME OF PARENT, PERSON IN LOCO PARENTIS OR SPOUSE

RELATIONSHIP TO APPLICANT

STREET ADDRESS

CITY

STATE

ZIP

B. CERTIFICATION FROM A HEALTH CARE PROVIDER LICENSED OR CERTIFIED IN PA OR A CONTIGUOUS STATE (NY, NJ, DE, MD, WV OR OH). THIS SECTION MUST BE COMPLETED IN FULL. HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. HEALTH CARE PROVIDER'S EXAM MUST HAVE BEEN CONDUCTED WITHIN 6 MONTHS OF RECEIPT OF APPLICATION. WARNING: altering or forging a document issued by the Department, such as a this application, or possessing, using or displaying such a codument knowing it to have been altered, forged or counterfeited, is a misdemeanor of the first degree pursuant to the Vehicle Code, 75 Pa.C.S. Section 7122, punishable by a fine of not more than \$10,000 or imprisonment of not more than five years, or both.

I hereby certify that the person with the disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements". Please list reason code here: \_\_\_\_\_

Date of last exam (Must be withing 6 months):\_\_\_\_\_

Please indicate if the disability is Temporary or Permanent:

 TEMPORARY PERMANENT

NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a residential handicap parking space.

NOTE: If reason code #1 is listed above, please indicate the individual's visual acuity by completing the chart below.

If reason code #4 is listed above, please indicate the type of device used: \_\_\_\_\_

UNCORRECTED	CORRECTED	
R 20/	R 20/	
L 20/	L 20/	
B 20/	B 20/	

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE APPLICANT'S CONDITION WITH AS MUCH INFORMATION AS AS POSSIBLE.

HEALTHCARE PROVIDER'S PRINTED NAME	HEALTH CARE PROVIDER'S SIGNATURE
C. CERTIFICATION FROM U.S. DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE ADMINISTRATOR (PHILADELPHIA OR PITTSBURGH) OR SERVICE UNIT IN WHICH THE VETERAN SERVED OR A LEGIBLE PHOTOCOPY OF THE APPLICANT'S LETTER OF PROMULGATION, AWARDS LETTER, SINGLE NOTIFICATION, OR SUMMARY OF BENEFITS LETTER.	
<input type="checkbox"/> This is to certify that the veteran listed above with VA number _____, has a 100% service-connected disability or has the following service-connected disability reason code number _____, listed on the reverse side of this application under "Eligibility Requirements."	
NOTE: If reason code #4 is listed, please indicate the type of device used: _____	
Authorized Printed Name and Title: _____	
Authorized Signature: _____	
<input type="checkbox"/> In lieu of the U.S. Department of Veterans Affairs Regional Office Administration certification, I have attached a legible photocopy of my Letter of Promulgation, Award Letter, or Single Notification Letter, or Summary of Benefits Letter that indicates I have a 100% service-connected disability.	
D. UNSWORN DECLARATION AND APPLICANT SIGNATURE (PERSON WITH DISABILITY, NATURAL PARENT, OTHER AUTHORIZED PERSON LISTED IN SECTION A MUST SIGN BELOW.)	
<p>I/We declare under penalty of perjury under the law of the Commonwealth of Pennsylvania, that the foregoing is true and correct, and that application was made for the above product or that the items as indicated were never received in the mail. Furthermore, I/We state that I/We have read and signed this application after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification), which include criminal prosecution and a term of imprisonment, the maximum of which may be one year (18 Pa.C.S. 4904(b), or up to two years (18 Pa.C.S. 4904(a). In addition to any other penalty, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000 (18 Pa.C.S. 4904(d).</p>	
Date: _____	
Printed Name of Person with Disability	Person with Disability/Loco Parentis Signature
Telephone Number	



## PERSON WITH DISABILITY RESIDENTIAL HANDICAP PARKING PROPERTY QUESTIONNAIRE

1. Please provide your PA Person with Disabilities Placard Number: \_\_\_\_\_

2. Do you have a PA Person with Disabilities License Plate?  NO  YES

If YES, List License Plate Number: \_\_\_\_\_

3. Does your street have parking meters located along the front of the residence?  NO  YES

4. Does the property have a garage or other off-street parking available?  NO  YES

5. Do you own or rent the property where you are residing?  OWN  RENT

If renting, your landlord will need to sign below.

Name of Owner or Property Manager: \_\_\_\_\_

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

Owner or Property Manager certifies that they have no objection to the City of York installing a Residential Handicap sign for the tenant along the public sidewalk in front of the property at the above address. The Owner or Property Manager further certifies that the tenant does not have access to any access to any parking garage or parking pad that is available on the property. (Availability of parking on property is not diminished or considered unusable due to use of garage or parking pad for storage or any other means, nor due to condition of the structure.)

Owner/Property Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

### Transfer Requests Only:

Current address approved for a handicap space: \_\_\_\_\_

Address that handicapped space is transferring to: \_\_\_\_\_

Does new location have a garage or other off-street parking available?  YES  NO

Do you own or rent the property that handicap space is being transferred to?  OWN  RENT

If renting, your landlord will need to sign below.

Name of Owner or Property Manager: \_\_\_\_\_

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

Owner or Property Manager certifies that they have no objection to the City of York installing a Residential Handicap sign for the tenant along the public sidewalk in front of the property at the above address. The Owner or Property Manager further certifies that the tenant does not have access to any access to any parking garage or parking pad that is available on the property. (Availability of parking on property is not diminished or considered unusable due to use of garage or parking pad for storage or any other means, nor due to condition of the structure.)

Owner/Property Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_