

Borough of Ambridge
APPLICATION FOR HANDICAPPED PARKING SPACE
Return completed application to Borough Administration Office for processing.

Name of Applicant: _____

Address Where Applicant Lives: _____

Mailing Address (if different): _____

Home or Cell Telephone Number of Applicant: _____

Applicant's Physician's Name _____

Physician's Phone Number: _____

Information of vehicle owned by Applicant which will occupy the parking space:

License Plate Number _____ Make of Vehicle _____

Color of Vehicle _____ Year of Vehicle _____

Does the property for which this space is being requested have a garage or other off-street parking available? YES _____ NO _____ (If YES – describe: _____)

Is this request for temporary space or permanent space? _____ If yes, for how long _____

By signing this form, you agree that all the information you have given is true and correct to the best of your knowledge. You also permit the Borough's Authorized Official to investigate all the above information to be true. Any false or missing information given will render this application void.

Signature of Applicant **DATE**

FOR OFFICAL USE ONLY –DO NOT WRITE BELOW THIS LINE

Does the applicant have a H/C License Plate? _____ Is the vehicle in applicant's name? _____

Is there off-street parking? _____ Is there a garage/driveway available to applicant? _____

Reviewed by: _____ Date: _____

Approved by: _____ Rejected by: _____

Comments/Reasons: _____

§15-412. Handicapped Parking.

1. **Restricted Handicapped Residential Parking.** Any Borough resident who has been issued a handicapped or severely disabled veteran license plate by the Commonwealth of Pennsylvania, or on whose behalf said license plate has been issued, pursuant to §§1338 or 1342 of the Pennsylvania Vehicle Code, shall be eligible for the installation, in front of said person's residence solely for said person's use, of a sign indicating that parking in such space is restricted to such person's vehicle bearing a handicapped or severely disabled veteran license plate, which eligibility shall expire 12 months from the date such sign is installed. Application for such restricted parking sign shall be made to the Chief of Police.
2. **Application Form and Content.** Application for a restricted handicapped or severely disabled parking space shall be made on a form provided by the Chief of Police. The application information shall include the identity of the handicapped person or severely disabled veteran and said person's place of residence and shall be accompanied by documentation evidencing issuance of a handicapped or severely disabled veteran plate by the Commonwealth of Pennsylvania.
3. **Factors in Determining Approval of Application.** In reviewing the application, the Chief of Police shall take into consideration the following factors:
 - A. Impact on general safety.
 - B. Impact on traffic flow.
 - C. Impact on neighboring properties.
 - D. Nature of disability.
 - E. Availability of off-street parking, garage and/or driveway.
 - F. Verification of application in general.

Following his review of the application and consideration of the above factors, the Chief of Police shall submit his recommendation to Borough Council for final determination as to whether the application shall be approved or rejected. The application shall not be approved if off-street parking is available to the applicant unless the same cannot be utilized or if an undue hardship is created for the other residents parking in the area.

4. **Annual Certification.**
 - A. Each renewal period shall be 12 months.
 - B. Application for renewal must be filed with the Chief of Police no later than 30 days before the date the prior eligibility is due to expire.