



Handicap Parking Ordinance

NON-PERSONALIZED HANDICAP PARKING APPLICATION

Borough of Weatherly - 61 West Main Street - Weatherly, PA 18255

Telephone # (570) 427-8640 Fax # (570) 427-8679 email: cde.weatherly@gmail.com

Application is hereby made for an on-street parking space within the Borough of Weatherly. The information which follows, together with any supporting documents pertaining to the eligibility of the applicant for a handicap parking space, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, and as might or would operate to cause a refusal of this application, or any change in the applicant's physical condition supported by a report or letter from the applicant's treating physician to the extent that the applicant no longer qualifies under the criteria set forth herein, or if there is a change in the circumstances such that the space shall no longer be appropriate under the criteria herein, the handicapped space shall be removed.

Application No: _____ Application _____ New ___ Renewal ___

Application Fee: \$5.00 Application Renewal Fee: \$5.00

Is the applicant a Disabled American Veteran? Yes ___ No ___
Application Fee is not required of a Disabled American Veteran.

PAID:
CASH:
CHECK #:
DATE:

Application Date: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Proof of handicapped person's license plate under the regulations by PA DOT.

Please provide photocopy of Placard or Vehicle Registration in the case of License Plate showing expiration date.

License # _____ Permit/Placard # _____ Expiration Date _____

Is the physical condition expected to continue for a period of no less than six consecutive months? Yes ___ No ___

Does off-street parking exist that may serve the same location? Yes ___ No ___

If yes, please explain why the off-street parking may not be used. (Please use reverse side if more space needed.)

Applicant Signature _____ Date _____

Please note the following information

Approval of this non-personalized handicapped parking space application in no way provides the applicant with exclusive handicap parking rights, nor does it negate regulations concerning Snow Ban parking.

All applications submitted shall be approved or rejected by Weatherly Borough Council utilizing the criteria set forth under Section 3 of Chapter 93 - Ordinance No. 3-2007

Any person who proposes to maintain eligibility for EXISTING handicapped parking spaces beyond Dec. 31, 2007, shall submit an application to the Borough Manager.

All approved applications shall be subject to an annual renewal/administrative fee of \$5.00 (which includes proof of eligibility) not later than January 15 of each year, otherwise the space shall be terminated.

APPROVAL

Application Approved

Borough Manager _____

Approval Date: _____