

Code Enforcement Office Use Only

Application #: _____
Date Issued: _____
Issued By: _____
Date Returned: _____
Status: _____

**Code Enforcement Office
CITY OF HAZLETON
40 North Church Street
Hazleton, PA 18201
(570) 459-4921**

APPLICATION FOR HANDICAPPED PARKING SIGN

NAME: _____ DATE: _____

ADDRESS: _____

PHONE #: _____ EMAIL (optional): _____

SIGN LOCATION: _____

HP LICENSE # OR PLACARD #: _____ EXPIRATION DATE: _____

*(If you have a handicapped licensed plate, you **MUST** include a copy of the vehicle owner's registration card. If you have a disability parking placard, you **MUST** provide a copy of the disability parking placard with your application.)*

Are you applying on behalf of a non-driving disabled person? Yes No

If you are a disabled driver, please answer the following accordingly:

(a) Do you live alone? Yes No

(b) Do you have an attendant or home health aide on call? Yes No

(c) Does the aide or attendant have responsibility for your transportation? Yes No

**I. DISABILITY
(TO BE COMPLETED BY PHYSICIAN)**

(a) TYPE OF DISABILITY:

- | | |
|--|--|
| <input type="checkbox"/> Cerebral Palsy: _____ | <input type="checkbox"/> Visual Impairment: _____ |
| <input type="checkbox"/> Multiple Sclerosis: _____ | <input type="checkbox"/> Hearing Impairment: _____ |
| <input type="checkbox"/> Amputee (please specify): _____ | <input type="checkbox"/> Arthritis: _____ |
| <input type="checkbox"/> Other (please specify): _____ | |

(b) IS DISABILITY PERMANENT OR TEMPORARY? *(If temporary, please give estimated length of time. If more than one disability, please indicate accordingly):* _____

(c) TYPE OF MOBILITY AID USED:

- | | | | |
|--|------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Wheelchair (Electric) | <input type="checkbox"/> Guide Dog | <input type="checkbox"/> Walker | <input type="checkbox"/> None |
| <input type="checkbox"/> Wheelchair (Manual) | <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Physician's Signature

Date

Physician's Name (Please Print)

Phone Number

Address

II. RESIDENCE/BUILDING INFORMATION

- (a) Please describe the type of residence/building: _____
- (b) Most accessible entrance: _____
- (c) Approximate distance between curb and entrance: _____
- (d) Is the residence/building located on a corner? Yes No
- (e) Do you own or rent the residence/building? Own Rent

III. VEHICLE INFORMATION

- (a) Will you be operating more than one motor vehicle: Yes No
- (b) Type of motor vehicle(s) that will be used *(please check all that apply)*:
 - Sedan Year: _____ Make/Model: _____
License Plate #: _____ Color: _____
 - Coupe Year: _____ Make/Model: _____
License Plate #: _____ Color: _____
 - Van Year: _____ Make/Model: _____
License Plate #: _____ Color: _____
 - Truck Year: _____ Make/Model: _____
License Plate #: _____ Color: _____
 - SUV Year: _____ Make/Model: _____
License Plate #: _____ Color: _____
 - Other: _____ Year: _____ Make/Model: _____
License Plate #: _____ Color: _____
- (c) Is your motor vehicle specially equipped? Yes No
If yes, state the type of equipment: _____

Date: _____

Signature of Person with Disability

Signature of Applicant *(if different from above)*

If you have a handicapped licensed plate, you MUST include a copy of the vehicle owner's registration card. If you have a disability parking placard, you MUST provide a copy of the disability parking placard with your application.

Please complete and sign this form and return it to:

**Code Enforcement Office
CITY OF HAZLETON
40 North Church Street, 1st Floor
Hazleton, PA 18201
(570) 459-4925**