

**APPLICATION
for
HANDICAPPED PARKING SPACE**

APPLICANT

Name:

Address:

Telephone:

HANDICAPPED PERSON (if other than applicant)

Name:

Address:

Telephone:

REGISTRATION NUMBER of the handicapped person or severely disabled veteran registration plate or placard assigned by the Pennsylvania Department of Transportation (PennDOT) to the person for whom the handicapped parking space is requested:

DESCRIPTION OF PHYSICAL IMPAIRMENT

LOCATION OF PARKING SPACE REQUESTED

NEIGHBORING PROPERTY OWNER INFORMATION

(within sixty (60) feet of the proposed handicapped parking space)

Name

Address

Telephone

Signature of Applicant

Date

A non-refundable **Application Fee** of **\$50.00** is due when the application is submitted.
Applications filed without the appropriate filing fees will not be considered.