

**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)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant

Date

A non-refundable **Application Fee** of **\$35.00** is due when the application is submitted.
Applications filed without the appropriate filing fees will not be considered.