APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

PURPOSE:

The City of Newark offers a program to provide reserved on street parking to residents whose mobility is limited to such a degree due to medical conditions, that reserved parking is required to allow those residents to function independently.

Please review the following eligibility requirements, if you are eligible, complete and submit this ENTIRE application packet to:

City of Newark
Department of Engineering
Division of Traffic and Signals
255 Central Avenue
Newark, NJ 07103

You may return the completed packet in person or by mail (NO EMAILS OR FAX COPIES) to the Department of Engineering at the address listed above. Incomplete applications will be returned and not processed until all documents are submitted. Any and all questions can be directed to the Technical Assistant/Handicap and Loading Zone Processor at 973-733-3969

Applicants must provide this office will all necessary copies. **We will not make the required copies of your documents. No exceptions.**

PROCESS:

NEW AND RENEWAL APPLICATIONS

Please complete, sign, and submit pages 4 through 7 of this packet for all applicants along with copies of all documents listed on page 3.

- Application shall include one (1) Physician's Certification of Disability Form (Pages 5&6) prepared by your physician, duly licensed as medical physicians by the State of New Jersey.
- If the applicant is the tenant, he/she is required to submit the notarized Property's Owner Authorization Letter Form (Page 7) consenting the handicapped parking space along the property and that he/she does not have access to Driveway, Garage or any off street-parking
- Reserved parking space permits for Residents of Newark with disabilities **MUST BE RENEWED** every year.
- Approved permits are valid twelve (12) months from the date of permit issuance.
- Applications for renewal must be submitted one hundred and twenty (120) days prior to expiration of permit.
- Signs will be removed if this office does not receive a renewal application within seven (7) business days prior to the expiration date.

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PHYSICIAN EXAMINATION
Applicants must have Physician's Certification Form completed on Page 5 & 6, the examination must have occurred within the past SIX (6) months to be considered valid. ****Copies of physician form will not be accepted****

LACK OF OFF-STREET PARKING
There should be no off-street parking available for the applicant's property. Applicants will NOT BE ELIGIBLE if a driveway, garage, or any other form of off-street parking is available.

APPLICABLE FEES

-NEW APPLICATION: A $75.00 certified check or money order payable to the "City of Newark" must be submitted with the application.

-RENEWAL APPLICATION: A $50.00 certified check or money order payable to the "City of Newark" must be submitted with the application.

-RELOCATION: All changes of address will require submission of a new application and $75.00 certified check or money order payable to the "City of Newark."

-REPLACEMENT OF A PERMIT: There is a $50.00 certified check or money order payable to the "City of Newark" to replace a permit that has been lost.

ALL FEES ARE NON REFUNDABLE, NO EXCEPTIONS

DETERMINATION:

All requests will be investigated by the Department of Engineering, Division of Traffic and Signals, informing you of your application's approval or denial and will provide a reason should your application be denied. If your application is approved by the Department of Engineering, the Division of Traffic and Signals will install a disabled parking sign in front of the property indicated on this application.

APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

Please allow SIX (6) to twelve (12) weeks from the submission date of this application packet for the approval process.

******Please review the following eligibility requirements to ensure that you are qualified to apply for a reserved disabled parking permit in the City of Newark.**

1) If the Applicant (handicap person/disabled individual is the property owner or landlord, and there is a driveway, garage, carport or any other means of off street parking on the applicant's property, the applicant will not be eligible for a handicap space.
2) If the applicant is the tenant, he/she is required to submit the notarized Property's Owner Authorization Letter Form on Page 7 consenting the handicapped parking space along the property and that he/she does not have access to driveway, Garage or any off street parking.
3) State of New Jersey requires that in order to establish a handicapped parking space, it must be at least 22 feet in length. However, upon on field inspections the appropriate length and location of the handicapped parking space will be determined.
4) If the Applicant (handicap person/disabled individual is not the driver, the parents/guardian/caretaker who drives the Applicant, must reside at the same address and must submit his/her driver's license, vehicle registration and the vehicle insurance card matching the Applicant address.
5) Any Applicant residing in an apartment building, when applying for a handicapped parking space, the parking space is granted on a first-come, first served basis. Once the maximum spaces have been reached, no additional handicapped parking space application will be accepted.
6) **If handicap person/disabled individual is a minor, the Applicant must submit proof of age and guardianship.**

ELIGIBILITY REQUIREMENTS & REQUIRED DOCUMENTS

Each of these requirements must be met in order to be eligible for a disabled parking permit.

Applicants must be residents of the City of Newark

RESIDENCY

1. Valid New Jersey Driver's License
2. Valid Vehicle Registration
3. Valid Vehicle Insurance Card
4. Valid New Jersey Division of Motor Vehicles Disability Placard
5. Valid Disabled Person ID Card

PLEASE NOTE: **Applicants requesting a reserved disabled parking permit MUST BE ABLE TO DRIVE and possess a valid driver's license and registration.**

Only one (1) handicapped parking space is permitted per household

6. Two (2) of the Three (3) following documents must be submitted with application packet (name and current address dated within the last three (3) months must appear):

If the bills are submitted by other than the applicant, such as parents/guardian/caretaker, the address on the bill must be the same as the applicant residence address.

- Utility Bill
- Telephone Bill
- Water/Tax Bill

APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

Please provide the following information by answering all questions completely:

NEW APPLICATION ☐ YES ☐ NO **RENEWAL** ☐ YES ☐ NO **PERMIT#** _____

Name of Applicant:_____Date:_____

Disabled Individual

Phone /Cell#: _____ Email Address:_____

Address:_____

Street Apt. Zip Code

Home Owner: ☐ **Yes** ☐ **No** **Rent:** ☐ **Yes** ☐ **No**

1. **Is this property a single-family house?** ☐ **Yes** ☐ **No**
2. **Is this property a multi-family house?** ☐ **Yes** ☐ **No** ☐ **Unsure**
3. **Is this multi-family legal?** ☐ **Yes** ☐ **No** ☐ **Unsure**
4. **If yes, how many units?** _____ ☐ **Unsure**
5. **Access to:**
   a. **Driveway** ☐ **Yes** ☐ **No**
   b. **Garage** ☐ **Yes** ☐ **No**
   c. **Carport** ☐ **Yes** ☐ **No**
   d. **Off-Street Parking (Parking Lot):** ☐ **Yes** ☐ **No**

(If you answer "Yes" to number 5 the applicant does not meet the eligibility requirements.)

VEHICLE INFORMATION

VEHICLE MAKE AND MODEL: _____ YEAR: _____
VEHICLE PLATE NUMBER: _____

ARE YOU THE PRIMARY OPERATOR OF THIS VEHICLE? ☐ YES ☐ NO
If "No," who are you dependent on for transportation? _____

I, _____, hereby make application for Handicap Parking Space in accordance with Title 23 Section 5-13 of the Revised General Ordinances of the City of Newark. I certify, under penalty of perjury that all of the information provided in relationship to this application is complete and true to the best of my knowledge and that reserved parking space is for my personal use. I understand that false statements made herein are subject to the penalties of N. J. S. A 2C:28-3 relating unsworn falsification to authorities.

_____ _____
Applicant's Signature **Date**

****The City of Newark has the right to approve or reject any application and the applicant does hereby acknowledge that the approval of a reserved parking space no way implies private ownership of said space.**

APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

Physician's Certification of Disability Physician Form
(To be completed by your physician)

All portions of this form must be filled out in detail by the disabled person's treating physician based on an examination conducted within past six (6) months. A Handicapped Parking Space in front of a residence is a special privilege granted by the City of Newark only to people who have severe physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without the Handicapped Parking Space.

Please TYPE or PRINT CLEARLY or application will be rejected

Patient's Name:_____

Residential Address:_____

City:_____ State:_____ Zip Code:_____

Home Telephone Number: _____

The undersigned hereby certifies as follows:

1. I have examined the above named individual on _____

2. Disability Status. The applicant (Please check all apply):

   - ☐ Has lost the use of one or more limbs as a consequence of paralysis, amputation, or other permanent disability.
   - ☐ Is severely and permanently disabled and cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
   - ☐ Suffers from lung disease to such an extent that the applicant's forced(respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixth mm/hg on room air at rest; **or** uses portable oxygen.
   - ☐ Has a cardiac condition of the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
   - ☐ Is severely and permanently limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; ***or*** cannot walk two hundred feet without stopping to rest.
   - ☐ Other/Please Specify:_____
     _____
     _____
     _____

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Physician's Certification of Disability Physician Form

(To be completed by your physician)

3. Does the individual require the use of any devices such as wheelchair or crutches to ambulate?

   ☐ YES ☐ NO

4. **By signing this document, I certify that:**

   - The individual's mobility is impaired to the extent that the ambulation is severely restricted; and
   - The individual is permanently disabled or will be disabled for a period of time exceeding one (1) year; and
   - The information contained herein is true and correct to the best of my knowledge and belief.

Physician's Signature:_____ **Date:**_____

Please Print:_____

Physician's Name:_____

Address:_____

City and State:_____

Telephone Number:_____

License Number:_____

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made are subject to the penalties of N.J.S.A2C:28-2 relating to a false statement under oath.

Physician's Signature:_____ **Date:**_____

APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

Property Owner's Authorization Letter

I (We)_____
(Print Property Owners Name/Firm/Organization)

Hereby Authorize _____
Applicant- Name of Person of the Reserved Handicapped Parking

To apply for a Reserved Handicapped Parking Space in front of:

_____
Property Address

As property owner(s), I (we) hereby grant permission to the applicant referenced above to apply for a Reserved Handicapped Parking Space on my property in accordance with Title 23 Section 5-13 of the Revised General Ordinances of the City of Newark. I certify, under penalty of perjury that the applicant does not have access to the driveway, garage, and or off-street parking (Parking Lot) and that all information provided is correct. I understand that false statements made herein are subject to the penalties of N. J. S. A 2C:28-3 relating unsworn falsification to authorities

_____ _____
(Property Owner Signature) **(Date)**

_____
(Printed Name)

STATE OF:_____

COUNTY OF _____

On _____ day of _____20_____, Notary Public in and for said county, personally appeared _____, (signer/witness) who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above-referenced document.

_____
Notary Public Signature

Print _____

My commission expires:_____