Charleroi Borough
338 Fallowfield Avenue
Charleroi, PA 15022
(724) 483-6011

APPLICATION FOR ACCESSIBLE PARKING

Applicant must have accessible parking placard or license plate prior to making application for reserved parking space

1. Name of

   Applicant_____

2. Address of_____

   Applicant_____

3. Phone Number_____

4. Date of Birth_____

5. Height_____

6. Weight_____

7. Nature of Disability_____

8. Is the applicant the driver of the vehicle?_____

9. If not, name the parent or main driver of the vehicle

   Name:_____Relationship:_____

10. Do you or the driver have a handicap license plate or placard?__

    Placard#_____License Plate #_____

DESCRIPTION OF DISABILITY (please check where appropriate)

1. Use wheelchair _____frequently _____part time
   Use crutches _____frequently _____part time
   Use cane _____frequently _____part time
   Use walker _____frequently _____part time

2. Length of comfortable walking distance_____

3. Other impairment(s)_____
   _____

DESCRIPTION OF PARKING AREA (Please check where appropriate)

1. Street Parking_____ Off-Street Parking_____
2. Distance from your home to the nearest parking space_____
3. Distance from your home to where you usually park_____
4. Reason for request for the handicapped reserved parking street sign_____
   _____
   _____

SIGNATURE OF APPLICANT_____

SIGNATURE OF PARENT OR GUARDIAN (if under 21) _____

PLEASE CHECK ONE

_____I am applying for a regular handicap parking space which is free of charge. (I understand however, that anyone with a legal identification of disability in their car may park there.)

_____I am applying for a personal parking space which will cost $100 for the first year and then $50.00 a year from then forward. (This personal space will be reserved only for me.) Anyone other than myself parked in this space, will be ticketed. I have a handicap placard or license plate; one or the other will clearly be displayed on the car while parked in this space.

CERTIFIED PHYSICIAN - LICENSED IN PA - STATEMENT

1. THIS IS TO CERTIFY THAT _____ HAS THE FOLLOWING DISABILITY OR CONDITION THAT WOULD NECESSITATE A HANDICAP PARKING SPACE._____

_____

_____

2. THIS CONDITION IS TEMPORARY.____(expected duration of disability)_____

THIS CONDITION IS PERMANENT.____(applicant has handicap placard/plate).

THIS CONDITION IS PERMANENT.____(applicant applied for handicap placard/plate).

PHYSICAN'S NAME_____MEDICAL LICENSE #_____

Address_____Tele #_____

PHYSICAN'S SIGNATURE_____Date_____

This application was reviewed by the Charleroi Borough Council's Commission for Handicapped Parking on _____

Applicant was interviewed by_____ on_____

____APPROVED ____PENDING(see explanation below) ____DENIED(see explanation below)

____TEMPORARY APPROVAL - expiration date _____(see explanation below)

_____

_____

_____

_____

_____

CRITERIA LIST FOR HANDICAPPED RESERVED PARKING SIGNS

1. The applicant has obtained a license or placard for disabled drivers ..... ____

2. The applicant uses a wheelchair ..... ____

3. The applicant uses a cane, crutches or walker ..... ____

4. The applicant's ability to ambulate ..... ____

A. 0-10' (10 pts.) B. 10'-20' (6pts.) C. 21'-30' (4pts.) D. 31'+ (1pt.)

5. The terrain is sloped ..... ____

6. The applicant is the driver ..... ____

7. There is no other easily accessible parking area ..... ____

8. The applicant has multiple disabilities ..... ____

9. The applicant's use of the car ..... ____

A. Daily (10pts.) B. 3-4 times a week (7pts.) C. Twice a week (4pts.)

10. The applicant is blind (State definition - 10.200) ..... ____

11. There are 2 disabled persons living in the home ..... ____

NEGATIVE CRITERIA

12. The applicant lives in a no parking zone ..... ____

13. The applicant has easy access to an alley, driveway or parking in back ..... ____

14. The car is not at residence permanently ..... ____

15. The applicant does not have a placard or HP. license ..... ____

Note: The signs may be limited to 2 per block depending upon the severity of the applicants disability and the availability of other parking spaces.

REMINDERS

≥ 1. Anyone with legal identification of disability in their car may park there.

≥ 2. In the event of a change of residence or death of the applicant, the Borough must be notified within 15 days in order to remove the sign.

≥ 3. Notification will be made by this committee at the next regularly scheduled meeting whether the application has been approved or denied.

***THE ITEMS CHECKED ARE THE CRITERIA YOU MEET.**