Borough Use Only

Application #: _____

Date Received: _____

Granted or Denied: _____

Date Issued or Denied: _____

Issued or Denied By: _____

Date Fee Received: _____

Amount of Fee: $_____

Date Sign installed: _____

Borough of Everson
232 Brown Street
P.O. Box 4
Everson, PA 15631

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.)

DISABILITY SECTION

(TO BE COMPLETED BY PHYSICIAN OR YOU MAY SUBSTITUTE A LETTER FROM YOUR PHYSICIAN WHICH OUTLINES YOUR DISABILITY AND WHY YOU NEED A HANDICAPPED PARKING SPACE)

Applicant's/Patient's Name: _____

(a) TYPE OF DISABILITY)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 AIDS USED:

□ Wheelchair (Electric) □ Guide Dog □ Walker □ None

□ Wheelchair (Manual) □ Crutches □ Cane

□ Other (please specify): _____

_____ _____

Physician's Signature Date

_____ _____

Physician's Name (Please Print) Phone Number

_____

Address

END OF PHYSCIAN SECTION

NEW Handicap Parking Sign Fees

Annual Permit Fee (Due with application and yearly)		$ 25.00
Painted area in front of your house	(1 time fee)	$100.00
Sign with pole in front of your painted space with Handicap Parking Sign. (1 time fee)		$50.00
Additional custom sign with your l license plate # assigned to your spot	(1 time fee)	$25.00

Total Due: $_____