

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).

PHYSICIAN'S NAME _____ MEDICAL LICENSE # _____

Address _____ Tele # _____

PHYSICIAN'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.**