

FOR BOROUGH OFFICE ONLY:

RECEIVED _____

____ DOCTORS NOTE

MEETING DATE _____

____ REGISTRATION CARD

APPROVED DENIED _____

____ ID/Driver's License

REMARKS _____

LANSFORD BOROUGH

I W. RIDGE STREET

LANSFORD, PA 18232

PHONE: (570) 645-3900

FAX: (570) 645-6248

HANDICAP PARKING REQUEST FORM

Person Making Request _____ Date _____

Street Address _____

Telephone Number _____

Name, Address, & Telephone Number of Person this Request is for, if different than above:

Handicap License Plate # _____

Attending Physician _____

Street Address _____

City, State, Zip _____

Attach a copy of the current Vehicle Registration Card

Attach Physician's Statement Showing Need for Handicap Parking Space

Names & Addresses of Adjacent Property Owners:

Left Side

Right Side

Do you have restricted movement? _____ Do you use wheelchair, walker, crutches, etc. _____

If you answered yes to the last question, what device do you use?

Describe in detail your physical impairment:

Are you a full time resident of the borough? _____

Will you remain a full time resident throughout the year? _____

Do you have the option of off street parking; garage, carport, driveway, etc. _____

To the best of your knowledge, will this condition persist for six months or more? _____

Please read the following:

Any handicap parking space may be removed at any time and for any reason at the direction of the borough council. Without intending to limit the discretion of the borough council, the borough council may direct the removal of the parking space if there is a change of circumstances which would render the applicant ineligible for a handicap parking space under the criteria set for in Ordinance 2014-01 or conditions imposed by borough council.

The fee for such a handicap parking space shall be One Hundred Fifty (\$ 150.00) Dollars for the initial installation of the parking space and an annual fee of Seventy-Five (\$75.00) Dollars. The initial fee and annual fee for the first year is payable upon approval and must be received at the

borough office before the handicap parking space is installed. All annual fees will come due on July 1st of every year. Fees may be changed by Resolution by borough council.

NOW THEREFORE, BE IT ORDAINED AND ENACTED THAT THE

BOROUGH of LANSFORD establishes following procedures for consideration in granting handicapped parking spaces within the boundaries of the Borough of Lansford.

SECTION 1. Any individual requesting an on-street handicapped parking space within the Borough Lansford shall submit a completed application to the office of the Secretary. The request shall include the following information.

A. The name, physical address, mailing address and telephone number of the person making the request, hereafter known as the "applicant".

B. The applicant shall specify his/her handicapped license plate number and supply a copy of the registration for the vehicle intended to park in the designated space requested.

C. A description of the physical impairment and type of device, such as wheelchair, crutches or a walker, that is used for the purpose of applicant's locomotion.

D. A report or letter from the applicant's treating physician must be submitted with the application. This report or letter must specifically describe the disabling condition of the applicant.

E. The proposed location of handicap parking space must be specified, if different from applicant's address. (Properties on corner lots, may have two options)

F. The name, address and telephone number of the adjoining property owners.

G. Any other information requested by the Borough Secretary.

SECTION 2. Requests shall be reviewed by the HPS Advisory Committee, which shall consist of the Mayor, the Borough Secretary/Treasurer and one member of Borough Council. After review of the application, the Committee shall make a recommendation to Borough Council-whether to approve or deny the application.