

MOUNT CARMEL TOWNSHIP

APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT

NEW APPLICATION_____ (FEE: \$150.00)

RENEWAL APPLICATION_____ (ANNUAL FEE: \$100.00)

DATE OF APPLICATION_____

NAME_____

ADDRESS_____

PHONE NUMBER_____

HANDICAPPED PLACARD #_____ EXP DATE_____

PLEASE EITHER PROVIDE A COPY OF YOUR PENDOT APPLICATION FOR A PARKING PLACARD OR FILL OUT SECTIONS A, B AND E OF THE ATTACHED COPY.

REASON FOR REQUESTING A HANDICAPPED PARKING SPACE PERMIT
(PLEASE CHECK ALL THAT MAY APPLY):

_____ APPLICANT IS WHEELCHAIR CONFINED

_____ PERSON REQUESTING PERMIT IS CARING FOR AN INDIVIDUAL WHO HAS A SEVERE PHYSICAL OR MENTAL DISABILITY

_____ APPLICANT IS UNABLE TO WALK A DISTANCE OF 50 FEET (APPLICANT MAY BE ASKED TO PERFORM THIS AND/OR PRODUCE DOCUMENTATION VERIFYING THIS CONDITION)

_____ APPLICANT HAS SEVERE CARDIOPULMONARY INSUFFICIENCY THAT REQUIRES THE USE OF AMBULATORY OXYGEN

_____ APPLICANT REQUIRES THE USE OF PROSTHETIC DEVICES THAT RESTRICT NORMAL AMBULATION

_____ APPLICANT HAS OTHER PHYSICAL OR MENTAL LIMITATIONS THAT ARE SEVERE ENOUGH TO WARRANT A HANDICAPPED PARKING SPACE. PLEASE SPECIFY:

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY:

DATE PERMIT GRANTED _____

PERMIT GRANTED BY _____
(CHAIRMAN-BOARD OF SUPERVISORS)

AND _____
(CHIEF OF POLICE)