FOR BOROUGH OFFICE USE ONLY:

RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEETING DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENIED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMARKS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOROUGH OF TAMAQUA**

**320 EAST BROAD STREET, TAMAQUA, PA 18252**

**APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT**

NEW APPLICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RENEWAL APPLICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_
TEMPORARY SPACE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (temporary, short-term disabilities, see Section A.7.)

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HANDICAPPED LICENSE PLATE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACARD#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACH A MEDICAL REPORT (NOT JUST A PRESCRIPTION) FROM YOUR PHYSICIAN THAT DESCRIBES YOUR HANDICAP AND/OR DISABILITY AND HOW THIS CONDITION AFFECTS YOUR ABILITY TO USE THE CURBSIDE PARKING OFFERED TO THE GENERAL PUBLIC.

WHERE DO YOU WANT A HANDICAPPED PARKING SPACE? (ATTACH DIAGRAM, IF POSSIBLE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REASON FOR REQUESTING A HANDICAPPED PARKING SPACE PERMIT:

\_\_\_\_\_ APPLICANT IS WHEELCHAIR CONFINED.

\_\_\_\_\_ APPLICANT REQUIRES THE USE OF PROSTHETIC DEVICES THAT RESTRICT NORMAL AMBULATION.

\_\_\_\_\_ APPLICANT HAS OTHER PHYSICAL OR MENTAL LIMITATIONS SEVERE ENOUGH

TO WARRANT A HANDICAPPED PARKING SPACE (EXPLAIN AND BE SPECIFIC)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fee for New Applications (must be submitted with application): $100.00

Fee for Renewal Applications (must be submitted with application): $ 25.00

Service-connected disabled veterans of any branch of the armed forces are exempt from all fees.

Make checks or money orders payable to: “Borough of Tamaqua”

Under the criminal penalties prescribed by Section 4904 Of the PA "Crimes Code" (18 Pa. CSA S-4904) for making a false statement to a public official or public body. I hereby verify to the Borough of Tamaqua that the facts set forth in this Application are true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE