



The City of York Pennsylvania

50 West King Street ❖ PO Box 509 ❖ York PA 17405

www.yorkcity.org

Honorable C. Kim Bracey, Mayor

*James E Gross
Director
Department of Public Works*

January 1, 2010

Dear Applicant:

Enclosed, please find an application for Residential Parking for People with Disabilities and Disabled Veterans. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the explicit instructions given on the application will be returned to the applicant without action.

Return the application fee of \$50.00 with the completed application. The application fee of \$50.00 is non-refundable. Please submit the application fee in the form of check or money order by mail. Walk-in payments may be made in the form of cash, check, money order, and credit card. All checks and money orders should be made out to the City of York, PA. Please submit your application fee, completed application, and physician's statement to City of York, (Attention) Residential Parking for People with Disabilities, PO Box 509, York, PA 17405-0509. Additionally, applicants must include a photocopy of the following:

1. Vehicle Registration
2. Applicant's or Designated Driver's PA Drivers License
3. Person with Disabilities or Disabled Veterans Identification Card

Attached is a form that must be completed by your physician, certifying the nature of your disability. This form **MUST BE PRINTED OR TYPED** and returned with the completed application.

You will be notified in writing as to whether your application has been approved or denied. Questions related to this application may be directed to 717-849-2301.

#HCP

DISABLED PERSON RESERVED PARKING CRITERIA

The disabled person must be eligible for, and have in their possession, a HCP, PD, DVHP license plate, or HCP placard from the PA Department of Transportation for his/her vehicle.

The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person – i.e. spouse, parent. The state requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He or she may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.

The individual cannot have an off street parking space available.

The street width in front of the residence must be adequate to allow parking.

No temporary handicap space will be installed for less than 1 year.

No metered parking locations will be considered. Please do not submit an application if your residence is situated on a street with parking meters.

ELIGIBLE APPLICANTS MUST SATISFY AT LEAST ONE OF THE FOLLOWING

The applicant is medically required to use portable oxygen.

The applicant has limited or no use of one or both legs.

The applicant suffers from severe limitations in the ability to walk due to any arthritic, neurological or orthopedic condition or any physical ailment that prevents the applicant from walking 200 feet without stopping to rest.

The applicant suffers from a serious cardiac condition to the extent that the person's functional limitations are classified in a severity as Class III or Class IV according to the standards set by the American Heart Association.

The applicant suffers from any other physical or mental impairment not heretofore mentioned which constitutes a substantial degree of the disability and imposes great difficulty on the applicant to walk more than 200 feet without stopping.

#HCP

If someone other than the Disabled Person (Applicant) completes this application, please list that person's name below: (PLEASE PRINT)

Person completing application _____ Relationship to Applicant _____

Application's (Disabled Person's) Name _____

The following information required on this application must pertain to the above mentioned "Applicant" (Disabled Person).

Address _____ Zip Code _____

Telephone _____ Date of Birth _____ Social Security # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. What is the nature of your disability? _____

2. Explain why you feel you are in need of reserved parking in front of your home.

3. Do you have a garage or other off street parking available? NO YES

4. Does your street have parking meters located along the front of your residence? NO YES

5. Do you have a PA Person with Disabilities License Plate? NO YES

If YES, License Plate Number: _____

If NO, do you have a PA Person with Disabilities Placard? Placard Number: _____

6. Do you use one of the following? (Please check)

Wheelchair() Cane() Crutches() Braces() Walker() N/A()

OTHER() Please specify: _____

7. Do you rent the property where you are residing?

NO YES – If YES, your landlord will need to sign below.

I certify that I am the owner or Property Manager of: (address) _____

And that I have no objection to the city of York installing a Handicap sign for my tenant along the public sidewalk in front of the property at the above address.

Landlord or Property Managers Signature

Phone#

Date

#HCP

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed out in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any person who violates this provision shall, upon conviction thereof, be fined not less than \$500 nor more than \$1,000.

Applicant's Signature

Date

(Please attach a photocopy of the Vehicle Registration AND the Applicant's or Designated Driver's PA Drivers License as well as a copy of the Person with Disabilities or Disabled Veterans Identification Card. Note: A copy of the Disabilities Placard will not be accepted. The Person with Disabilities or Disabled Veterans Identification Card issued by the PA Department of Transportation will be the only proof of disability accepted for the review by the Traffic Safety Committee).

Additional Information

- **The application must be submitted prior to the first of each month in order to satisfy the review deadline set by the Traffic Safety Committee. Applications received after the first of the month will be reviewed the following month.**
- **Upon review, the Traffic Safety Committee will respond to the applicant in writing within 30 days.**
- **If the application is not completed correctly, the application will be returned to the applicant without action.**
- **If the application is approved, a time will be scheduled to create the approved HCP Parking Space.**
- **A renewal application will need to be submitted each year following the approval in order to retain the approved HCP Residential Parking Space. If a renewal application is not received, the space will be removed and the sign will be taken down.**
- **The applicant is required to inform the Traffic Safety Committee when the applicant moves from the address set forth on the application or no longer has a disability or no longer possesses a valid handicapped registration plate or placard.**
- **Please understand that the parking space approved is not exclusively for the use of the applicant. Any HCP Accessible space may be used by anyone with a HCP, PD, DVHP license plate, or HCP placard from the PA Department of Transportation.**

#HCP