

FORD CITY BOROUGH
1000 4TH AVENUE • FORD CITY, PA 16226
PHONE (724) 763-3081
FAX (724) 763-3080
WWW.FORDCITYBOROUGH.COM

HANDICAP PARKING SIGN APPLICATION

Date _____

New Application _____

Renewal Application _____

NAME: _____

Address: _____

Address: _____

Handicap Parking needed for _____ Myself _____ Another Person _____ Relationship
If no, please give reason _____

PA Driver's License number _____

Automobile Make _____ Model _____ Color _____ Year _____

Handicap Plate Number _____ or, Placard Number _____

Do you have off-street parking available _____ Yes _____ No If yes, where? _____

How many times each week do you use your Handicapped Parking Space? _____

How many hours at a time do you use your Handicapped Parking Space? _____

Are you or the person you represent blind? _____

Do you or the person you represent have full use of one or both arms? _____

Can you or the person you represent walk 200 feet without stopping to rest? _____

Can you or the person you represent walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive devices? _____

Are you or the person you represent restricted by lung disease? _____

Do you or the person you represent use portable oxygen? _____

Do you or the person you represent have a cardiac condition that may be classified as severe? _____

Are you or the person you represent severely limited in your ability to walk due to an arthritic, neurological or orthopedic condition? _____

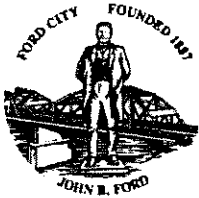
Family Physician's Name: _____

Physician's Address: _____

Address _____

Physician's Phone Number: _____

PLEASE RETURN THIS QUESTIONNAIRE WITHIN 30 DAYS TO RETAIN YOUR HANDCAPPED PARKING SIGN
TO: FORD CITY BOROUGH
1000 4TH AVENUE
FORD CITY, PA 16226



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PHYSICIAN'S CERTIFICATION FOR HANDICAPPED PARKING SIGN

TO THE PHYSICIAN: Please complete the following questionnaire in full for the person who is your patient, and return it within 30 days to: FORD CITY BOROUGH COUNCIL, 1000 4th AVENUE, FORD CITY, PA 16226. Thank you.

This is to certify that _____ is under my care and has the following condition which would necessitate a Handicapped Parking Sign in front of their house:

_____ BLIND

_____ DOES NOT HAVE FULL USE OF ONE OR BOTH ARMS

_____ CANNOT WALK 200 FEET WITHOUT RESTRICTIONS

_____ CANNOT WALK WITHOUT THE USE OF

___ BRACE ___ CANE ___ CRUTCH ___ PROSTHETIC DEVICE

___ WHEELCHAIR ___ OTHER ASSISTIVE DEVICE

___ ANOTHER PERSON

_____ RESTRICTED BY LUNG DISEASE

_____ USES PORTABLE OXYGEN

_____ HAS SEVERE CARDIAC CONDITION

_____ IS SEVERELY LIMITED IN HIS OR HER ABILITY TO WALK DUE TO

_____ ARTHRITIC _____ NEUROLOGICAL _____ ORTHOPEDIC CONDITION

PHYSICIAN'S NAME _____ DATE _____

PHYSICIAN'S SIGNATURE _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

MEDICAL LICENSE NUMBER _____

**POLICY FOR
HANDICAPPED PARKING SIGNS**
Responsibilities

- The Ford City Planning Commission shall conduct a "sight survey" of all existing Handicapped Parking Signs in the Borough.
- A council-approved letter and a personal questionnaire to assess the need for the parking sign will be sent to each resident who possesses a Handicapped Parking Sign.
- A questionnaire, to be completed by the family physician, shall be included along with the personal questionnaire and must be returned to the Borough Office within 30 days.
- If both questionnaires are not received by the Borough Office within the 30 day period, the existing Handicapped Parking Sign shall be removed.
- Appeal to Council following the sign removal may only be made after presentation of both the personal and physician's questionnaires.
- A Handicapped Parking Sign Advisory Committee, composed of 3 to 7 members who are Ford City residents, shall meet quarterly to review the need for all Handicapped Parking Signs. Council shall appoint members of this committee to a four-year staggered term.

Procedures

- Handicapped parking spaces are available to any resident, or on behalf of anyone living at that residence if the criteria outlined below are met.
- The applicant or his representative must complete a personal questionnaire, provided by the Borough Council.
- The applicant's physician must complete a questionnaire, provided by Borough Council.
- Include a \$15.00 check for processing the request.
- Council shall act upon the request by the second regularly Council meeting following filing of the appropriate papers.
- There shall be a charge of \$50.00, non-refundable, payable to Ford City before installation of the sign. You will be informed if your application has been approved and at that time the \$50.00 charge must be forwarded to the Borough and then the sign will be installed.
- At the beginning of each year, the Borough shall send a letter to all Handicapped Sign holders of record, informing them of the need to fill out an application form to continue to possess such parking privileges. Resident must complete Handicapped Parking renewal applications and return to the Borough Office. A \$15.00 processing fee must be included with the paperwork. Failure to do so could result in the removal of the sign.

Criteria

-- The following are reasons for issuing Handicapped Parking Signs:

The applicant or the person he represents --

Is blind

Does not have full use of one or both arms

Cannot walk 200 feet without stopping to rest

Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device

Is restricted by lung disease

Use portable oxygen

Has a cardiac condition that may be classified as severe

Is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition

-- A person possessing a Hearing-Impaired Plate should not receive a Handicapped Parking Sign.

-- A person should use the assigned Handicapped Parking space at least five times each week.

-- A person should use the assigned Handicapped Parking space at least twenty hours each week.

-- If the applicant, or his representative, has access to off street parking, i.e., yard, garage, a parking space should not be issued.

-- If there is a change in status of the applicant either by change of address, change of disability, or by death, that change must be reported within 30 days.

-- A Handicapped Parking Space is in no way to be considered a personal parking space. According to State law, anyone possessing a Handicapped License plate or placard may use any Handicapped Parking space in Ford City Borough.