

**APPLICATION/PERMIT
HANDICAPPED SPACE/RESIDENTIAL ZONES**

Applicant's Name _____

Applicant's Address _____

Applicant's Phone _____

Permit Type: **Temporary** **Permanent**

Explain your need for a special parking space _____

Attachments:

1. **Attach a copy of the placard together with the letter from the State relating to the issuance of the placard OR a copy of the special vehicle registration.**
2. **Attach a statement which confirms applicant does not have access to off-street parking.**

By my signature below, I swear the information presented in this application is true and factual.

Signature of Applicant

Date

Please note that this permit expires two years from the date it is approved. You may, however, reapply for a permit at that time.

Date Approved _____

Date Disapproved _____

Borough Manager

**ATTACHMENT TO HANDICAPPED PARKING
OFF-STREET PARKING CERTIFICATION**

I have applied for a handicapped parking space on the public right-of-way in front of my residence. By my signature below, I swear that I do not have access to any off-street parking which would enable me to park my vehicle other than on the public right-of-way.

Date

Signature