

**Charleroi Borough**

338 Fallowfield Avenue

Charleroi, PA 15022

(724) 483-6011

**APPLICATION FOR ACCESSIBLE PARKING**

**Applicant must have accessible parking placard  
or license plate prior to making application for  
reserved parking space**

1. Name of Applicant \_\_\_\_\_
2. Address of Applicant \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Height \_\_\_\_\_
6. Weight \_\_\_\_\_
7. Nature of Disability \_\_\_\_\_
8. Is the applicant the driver of the vehicle? \_\_\_\_\_
9. If not, name the parent or main driver of the vehicle  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
10. Do you or the driver have a handicap license plate or placard? \_\_\_  
Placard# \_\_\_\_\_ License Plate # \_\_\_\_\_

**DESCRIPTION OF DISABILITY (please check where appropriate)**

- 1) Use Wheelchair \_\_\_\_\_ frequently \_\_\_\_\_ part time
- Use Crutches \_\_\_\_\_ frequently \_\_\_\_\_ part time
- Use Cane \_\_\_\_\_ frequently \_\_\_\_\_ part time
- Use Walker \_\_\_\_\_ frequently \_\_\_\_\_ part time
- 2) Length of comfortable walking distance \_\_\_\_\_
- 3) Other impairment(s): \_\_\_\_\_
- \_\_\_\_\_

**DESCRIPTION OF PARKING AREA (please check where appropriate)**

- 1) Street Parking \_\_\_\_\_ Off-Street Parking \_\_\_\_\_
- 2) Distance from your home to the nearest parking space \_\_\_\_\_
- 3) Distance from your home to where you usually park \_\_\_\_\_
- 4) Reason for request for the handicapped reserved parking street sign \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if under 21) \_\_\_\_\_

**PLEASE CHECK ONE**

\_\_\_\_\_ I am applying for a regular handicap parking space which is free of charge. (I understand however, that anyone with a legal identification of disability in their car may park there.)

\_\_\_\_\_ I am applying for a personal handicap parking space which will cost \$200 per year. (This personal space will be reserved only for me.) Anyone other than myself parked in this space, will be ticketed. I have a handicap placard or license plate; one or the other will clearly be displayed on the car while parked in this space.

**CERTIFIED PHYSICIAN - LICENSED IN PA - STATEMENT**

1. THIS IS TO CERTIFY THAT \_\_\_\_\_ HAS THE FOLLOWING DISABILITY OR CONDITION THAT WOULD NECESSITATE A HANDICAP PARKING SPACE. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. THIS CONDITION IS TEMPORARY. \_\_\_\_ (expected duration of disability) \_\_\_\_\_  
THIS CONDITION IS PERMANENT. \_\_\_\_ (applicant has handicap placard/plate).  
THIS CONDITION IS PERMANENT. \_\_\_\_ (applicant applied for handicap placard/plate).

PHYSICIAN'S NAME \_\_\_\_\_ MEDICAL LICENSE # \_\_\_\_\_

Address \_\_\_\_\_ Tele # \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

This application was reviewed by the Charleroi Borough Council's Commission for Handicapped Parking on \_\_\_\_\_

Applicant was interviewed by \_\_\_\_\_ on \_\_\_\_\_

\_\_\_ APPROVED \_\_\_ PENDING (see explanation below) \_\_\_ DENIED (see explanation below)

\_\_\_ TEMPORARY APPROVAL - expiration date \_\_\_\_\_ (see explanation below)

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

### CRITERIA LIST FOR HANDICAPPED RESERVED PARKING SIGNS

- 1. The applicant has obtained a license or placard for disabled drivers ..... \_\_\_\_\_
- 2. The applicant uses a wheelchair ..... \_\_\_\_\_
- 3. The applicant uses a cane, crutches or walker ..... \_\_\_\_\_
- 4. The applicant's ability to ambulate ..... \_\_\_\_\_  
  - A. 0-10' (10 pts.)      B. 10'-20' (6pts.)      C. 21'-30' (4pts.)      D. 31'+ (1pt.)
- 5. The terrain is sloped ..... \_\_\_\_\_
- 6. The applicant is the driver ..... \_\_\_\_\_
- 7. There is no other easily accessible parking area ..... \_\_\_\_\_
- 8. The applicant has multiple disabilities ..... \_\_\_\_\_
- 9. The applicant's use of the car ..... \_\_\_\_\_  
  - A. Daily (10pts.)      B. 3-4 times a week (7pts.)      C. Twice a week (4pts.)
- 10. The applicant is blind (State definition - 10.200) ..... \_\_\_\_\_
- 11. There are 2 disabled persons living in the home ..... \_\_\_\_\_

### NEGATIVE CRITERIA

- 12. The applicant lives in a no parking zone ..... \_\_\_\_\_
- 13. The applicant has easy access to an alley, driveway or parking in back ..... \_\_\_\_\_
- 14. The car is not at residence permanently ..... \_\_\_\_\_
- 15. The applicant does not have a placard or HP. license ..... \_\_\_\_\_

**Note:** The signs may be limited to 2 per block depending upon the severity of the applicants disability and the availability of other parking spaces.

### REMINDERS

- ≥ 1. Anyone with legal identification of disability in their car may park there.
- ≥ 2. In the event of a change of residence or death of the applicant, the Borough must be notified within 15 days in order to remove the sign.
- ≥ 3. Notification will be made by this committee at the next regularly scheduled meeting whether the application has been approved or denied.

**\*THE ITEMS CHECKED ARE THE CRITERIA YOU MEET.**