

CITY OF WILKES-BARRE
Pennsylvania

Thomas M. Leighton
Mayor



40 East Market Street
Wilkes-Barre, PA 18711-0451

(570) 208-4152 phone
(570) 208-4101 fax

OFFICE OF THE
MAYOR

HANDICAPPED PARKING APPLICATION INSTRUCTIONS

Enclosed is the handicapped parking application you requested. There are several requirements that you must meet in order to be considered for a handicapped parking space.

1. The application must be filled out completely with your signature and the date you submit the application.
2. A non-refundable application fee of \$20.00 must accompany your application. The check should be made payable to "Wilkes-Barre City". If approved, you will be required to file a renewal application each succeeding year by February 15th. The renewal form will be sent to you in January. The yearly renewal fee is \$10.00. A physician's signature is not required for an applicant previously adjudged permanently disabled.
3. You must have a handicapped license plate. You may apply for one from the Commonwealth of Pennsylvania, Department of Motor Vehicles. A handicapped placard does not meet this requirement.
4. The original application must be filled out and signed by your physician stating your disability.
5. You are not eligible if you have a driveway or if there is no legal parking in front of your home. The owner/driver of the vehicle must reside in the same home as you.

Your application will be placed on the agenda of the next monthly meeting of the Traffic Committee which meets the 4th Thursday of each month at 10:00 a.m., Council Chambers, 4th Floor, City Hall, 40 East Market Street, Wilkes-Barre, PA. There is no need for you to be present.

If you have any questions, please call (570) 208-4163.

NEW APPLICATION
RESERVED PARKING FOR THE HANDICAPPED

Name: _____ Date of Birth _____

Address: _____ Zip Code _____

Telephone Number _____ Date: _____

Sign Location _____

(Please circle appropriate type license plate) Plate # _____

Handicapped License Plate PD License Plate 100% Disabled Veteran's Plate

Are you applying for a non-driving disabled person? Yes _____ No _____

If you are a disabled driver, answer the following questions:

(a) Do you live alone? Yes _____ No _____

(b) Do you have an attendant or home health aid on call? Yes _____ No _____

(c) Is the aid responsible for your transportation? Yes _____ No _____

Disability (Section to be completed by Physician)

Type of Disability:

Cerebral Palsy _____ Arthritis _____

Multiple Sclerosis _____ Amputee _____

Other _____

Is disability permanent or temporary? _____

(If more than one disability is involved, please indicate accordingly)

Type of mobility aid used: Wheelchair (electric) _____

Wheelchair (manual) _____ Crutches _____ Walker _____

None _____ Other _____

Physician's Signature: _____

(Printed) _____

Address _____

Telephone _____

Residence/Building Information

Please describe the type of Residence/Building: (Example: Single, Duplex, Apt.) _____

Most accessible entrance: (Example: Front, Side, Back) _____

How many feet to best entrance? (Example: 10ft, 20ft.) _____

Is your residence on a corner? _____

Is there parking on both sides of the street? _____

Is there a driveway available to the applicant? _____

Type of motor vehicle that will be used:

Van _____ Regular Sized Auto _____

Compact Car _____ Station Wagon _____

Truck _____ Other _____

Make _____ Model _____ Color _____

Is your vehicle specially equipped? Yes _____ No _____

If so, state type of equipment: _____

Will you be operating more than one vehicle? Yes _____ No _____

If so, specify type and registration _____

Disabled Person's Signature: _____

Applicant's Signature (if different from above) _____