

George C. Brown
Mayor

WILKES-BARRE CITY

40 East Market Street
Wilkes-Barre, PA 18711



William C. Harris
Director of Planning & Zoning

PENNSYLVANIA

Phone: 570.208.4192
Fax: 570.208.4187

New Reserved Handicapped Parking Information & Application

Several requirements must be met 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 *The City of Wilkes-Barre*.
3. 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.
4. 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.
5. The original application must be filled out and signed by your physician stating your disability.
6. 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 vehicles 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 11:00 AM in Council Chambers, 4th Floor, City Hall, 40 East Market Street, Wilkes-Barre, PA 18711. There is no need for you to be present. If you have any questions, please call the Office of Planning & Zoning at 570.208.4164.

Name: _____ Date: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Sign Location _____

License Plate Type: Handicapped Permanently Disabled 100% Disabled Veteran

Plate # _____

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

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

1. Do you live alone? Yes No
2. Do you have an attendant or home health aide on call? Yes No
3. Is the aide responsible for your transportation? Yes No

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Residence/Building Information

Type of Residence: Single Duplex Apartment Other: _____

Most accessible entrance: Front Side Back Other: _____

How many feet from curb to best entrance? (Example 10 ft.) _____

Is your residence on a corner? Yes No

Is there parking on both side of the street? Yes No

Is there a driveway available to the applicant? Yes No

Type of vehicle that will be used:

Compact Car Sedan Station Wagon Van Truck SUV Other: _____

Make: _____ Model: _____ Color: _____

Is the vehicle specially equipped? Yes No

Is yes, specify type of equipment: _____

Will you be operating more than one vehicle? Yes No

Is yes, specify type & registration: _____

Disabled Person's Signature _____

Applicant's Signature (if different from above): _____

Disability (Section to be completed by Physician)

Disability: Cerebral Palsy Multiple Sclerosis Amputee Arthritis Other: _____

Is the disability permanent or temporary? Permanent Temporary

If more than one disability is involved, please indicate: _____

Type of mobility aide used: Wheelchair (electric) Wheelchair (manual) Crutches
Walker None Other: _____

Physician's Signature: _____

Name (printed): _____ Phone: _____

Address: _____

City/State/Zip: _____