

Portia L. West
Councilwoman
Director, Department of Streets
and Highway



(610) 447-7745
FAX (610) 872-7896

HANDICAP PARKING ZONE APPLICATION

Please Write Legibly

Applicant's Name: _____

Applicant's Address: _____

Telephone #: (Home) _____ (Cell/Supplementary) _____

Check One: Handicapped Person Disabled Veteran

Do you operate a motor vehicle? Yes No

License State: _____ License Number: _____

Vehicle Year: _____ Vehicle Make and Model: _____

Is the applicant the driver of the vehicle? Yes No

If no, what is the relationship of the applicant to the driver? _____

The vehicle is owned by: _____

Address of vehicle owner: _____

City: _____ State: _____ Zip Code: _____

What is the relationship of the applicant to the vehicle owner? _____

(complete other side)

Your handicapped parking permit application will not be processed without the following information:

1. A copy of a valid **Pennsylvania Vehicle Registration**; valid **Pennsylvania Driver's License** evidencing that the applicant or the applicant's family member is the owner of the vehicle registered at the applicant's address;
2. Proof from PENNDOT that the vehicle has been issued a **handicapped license plate**; **or** that the applicant has a **handicapped placard and card** that verify the address;
3. And the applicant **must have his/her physician complete the physician's portion** of the enclosed application.

This special parking permit is issued for a one (1) year period and must be renewed annually. Upon approval of this application, you will be notified when to submit the annual fee of twenty-five dollars (\$25.00).

To clearly avoid any false impressions, be advised that any individual who applies and receives approval for a handicapped parking space does not have exclusive use of the designated parking space. Any individual with a valid handicapped parking license plate (or placard) cannot be denied the use of the handicapped parking space.

I certify that I have read and understand this form: Yes No

I further certify that I have answered all questions correctly to the best of my knowledge and I agree to abide by the terms of use if approved.

Signature of Applicant

Date

PLEASE RETURN COMPLETED APPLICATION TO:

CHESTER CITY HALL
DEPT OF STREETS & PUBLIC IMPROVEMENTS
1 FOURTH STREET
CHESTER, PA 19013

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HANDICAP PARKING ZONE APPLICATION

TO BE COMPLETED BY THE PROPERTY OWNER

Please Write Legibly

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (Home) _____ (Cell/Supplementary) _____

I understand and affirm that the City of Chester is not responsible for any damages caused by the installation of the handicap sign, painting lines or any other additional work that I have requested during the process of appropriation.

Signature of Property Owner

Date

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HANDICAP PARKING ZONE APPLICATION

TO BE COMPLETED BY FAMILY PHYSICIAN AND/OR MEDICAL SPECIALIST

Please Write Legibly

Applicant's Name: _____ Date: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

The person named above has requested a HANDICAP PARKING ZONE in front of his/her residence. This is a special privilege granted by the City of Chester only to people who have severe physical disabilities. Such area will only be granted to those who cannot manage without it.

IS THE ABOVE APPLICANT DISABLED AND DO THEY QUALIFY FOR A HANDICAP PARKING ZONE?

YES

NO

OTHER

Please indicate the above applicant's disability:

(complete other side)

City Hall • 1 Fourth Street • Chester, Pennsylvania 19013-4400
www.chestercity.com

Please describe disability in detail:

Does the applicant need to be lifted in and out of the vehicle? YES NO

Can the above applicant walk more than one block without difficulty? YES NO

<hr/> <p>Print Name of Family Physician:</p> <hr/> <p>Signature of Family Physician:</p> <hr/> <p>Address: _____</p> <p>Telephone #: _____</p>
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Print Name of Applicant

Telephone Number

FOR OFFICE USE ONLY:

Council: *(circle one)*

APPROVED

DISAPPROVED

Date of Decision: _____

Signature: Director of Streets/Public Improvement

Date
