



## **APPLICATION FOR HANDICAPPED PARKING**

1. **THE APPLICATION** – Application must be filled out in its entirety. Applications will be reviewed within 7-10 business days to review application upon submission. If approved sign installation will be completed within 30 days of approval.
2. **STATE ISSUED LICENSE PLATE OR PLACARD** – Applicant must have special license plate issued by the State of Pennsylvania with HP or DV on same designation (handicapped person) or (disabled veteran) or a placard with accompany place card.
3. **COMPLETED APPLICATION** – Applicant shall submit the completed application along with a color photocopy of driver's license and handicap place card highlighting current Sharon Hill Borough address to the Borough of Sharon Hill, 250 Sharon Ave., Sharon Hill, PA 19079, in person or by mail.
4. **VERIFICATION** – After your application has been received by the Borough of Sharon Hill, it shall be checked for completion, then if completed it shall be verified and investigated. If not completed it shall be returned to applicant for completion. Only fully completed applications will be verified or investigated.
5. **NOTIFICATION** – Applicant shall be notified of approval or denial of his/her request. If approved street shall be marked. The area will then be designated HANDICAPPED PARKING ZONE ONLY, no other vehicles may park in this zone.
6. **USE OF HANDICAPPED PARKING ZONE** – Please be advised that any vehicle with a HP, DVB, PD license plate or handicapped parking placard is allowed to use this zone.



## APPLICATION FOR HANDICAPPED PARKING

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Residence: Single Home \_\_\_\_ Semi-detached \_\_\_\_ Row Home \_\_\_\_ Apartment \_\_\_\_

1. Do you currently own or rent the residence where you are requesting handicapped parking?

Own \_\_\_\_\_ Rent \_\_\_\_\_

**(If renting the residence please provide a copy of your current lease with this application. Please note that the lease must indicate the applicant as a tenant for your application to be approved.)**

2. Is the location you requested for a handicapped parking zone located in the front or rear of your residence? Front \_\_\_\_\_ Rear \_\_\_\_\_ If neither, below please explain where the requested area is in relationship to your residence?

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

3. Applicant and Vehicle Information:

Driver's License #: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Placard ID #: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model : \_\_\_\_\_

By signing below I further state that I have answered all questions correctly to the best of my knowledge, and I agree to abide with all the terms herein if approved.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By The Borough of Sharon Hill**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Borough Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Signature: \_\_\_\_\_ Installation Date: \_\_\_\_\_