



Kutztown Borough Police Department

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Theodore R. Cole, Jr.

Chief of Police

Dear Applicant:

Enclosed, please find an application for an On-Street Person With Disability Parking Space. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the explicit instructions given on the application will be returned to the applicant without action.

Also attached is a form that must be completed by your physician, certifying the nature of your disability. This form **MUST BE PRINTED OR TYPED** and returned with the completed application.

Upon our receipt and verification of your completed application, a representative of the Borough of Kutztown will contact you. At that time, an appointment will be made to come to your home for an in-person interview and to survey parking as it applies to your particular situation.

You will be notified in writing as to whether your application has been approved or denied.

BOROUGH OF KUTZTOWN
APPLICATION FOR PERSON WITH DISABILITY PARKING SPACE

PERSON WITH DISABILITY PARKING SPACE CRITERIA

Criteria: In order for an application for an on-street Person With Disability Parking space to be approved, the following conditions must be met:

- 1) the applicant is a resident of the Borough of Kutztown and is permanently disabled, or will be disabled for a period of time exceeding one year, or resides with a disabled Person who is permanently disabled or will be disabled for a period of time exceeding one year and the applicant is responsible for his or her transportation; and
- 2) the applicant must be able to show that the disabled person's mobility is impaired to the extent that ambulation is severely restricted; and
- 3) the requested location is on a public street; and
- 4) the applicant resides at the address where the on-street Person With Disability Parking space is requested; and
- 5) the applicant supplies the vehicle's license plate number and/or disabled parking placard number with expiration date for verification; and
- 6) the applicant, or resident being cared for, has a currently valid Person With Disability or Severely Disabled Veteran registration plate on their vehicle, or has been issued a currently valid Person With Disability placard; and
- 7) the applicant must be able to demonstrate that off-street parking is inaccessible; and
- 8) the requested on-street Person With Disability Parking space must be installed in front of the property of the applicant's property, unless deemed unfeasible by the Borough, and then such space should be placed as near to the requested property as possible; and
- 9) the requested parking space does not conflict with any parking restrictions already in place and the parking width in front of the residence is at least twenty-two (22) feet; and
- 10) the applicant agrees to advise the Kutztown Borough Police Department when the Person With Disability Parking space is no longer required.

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If this application is being completed by someone other than the Disabled Person, please list that person's name below: (PLEASE PRINT)

_____ Relationship to Applicant
Person completing application

Contact Information on Person Completing Application:

_____ City _____ State _____ Zip Code
Street Address

Telephone: _____

Disabled Person's Name:

The following information required on this application **must** pertain to the above mentioned Disabled Person.

Address _____ Telephone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. Is the Applicant a resident of the Borough of Kutztown?

YES NO

2. Is the Applicant:

Permanently Disabled?; or

Disabled for period of one (1) year or more?; or

A person who resides with the Permanently Disabled Person, or resides with a Disabled Person who is disabled for a period of one (1) year or more?

3. Explain why you are in need of a Disability Parking Space in front of your home.

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4. Do you have a garage or other off street parking available?

YES NO

If YES – explain why you believe that available off street parking is unusable:

5. Does the disabled person have a Person with Disabilities or Severely Disabled Veteran License Plate?

If YES, License Plate Number and State:

If NO, does the disabled person have a Person with Disabilities Placard?

YES - Placard Number: _____
 NO

6. If the vehicle is not registered to the Disabled Person, why is a Disability Parking Space being requested? Please be specific:

7. Are there any types of parking restrictions on your street?

NO
 YES

If Yes, please describe:

(Please attach a photocopy of the Vehicle Registration AND the Applicant's or Designated Driver's Drivers License as well as a copy of the Person with Disabilities Placard, if applicable).

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APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a **complete** application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I understand that if I use this Person With Disability Parking Space in any manner other than that which I described at the time of this application, the space will be removed. In addition, I agree that the Borough of Kutztown retains the right to remove this Person With Disability Parking Space at any time.

I further understand that it is my responsibility to promptly notify the Borough of Kutztown should I no longer need the Person With Disability Parking Space.

I acknowledge that, should my request for a Person With Disability Parking Space be denied, that I may appeal the decision to deny my request to the Council of the Borough of Kutztown. I understand that this appeal must be in writing and submitted within thirty (30) days from my receipt of notice of denial.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's Signature

Date

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PHYSICIAN'S CERTIFICATION OF DISABILITY

POLICY STATEMENT

All portions of this form must be filled out in detail by the disabled person's treating physician based on an examination conducted **within the past six months.** A Disability Parking Space in front of a residence is a special privilege granted by the Borough of Kutztown only to people who have **severe** physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without the Disability Parking Space.

Please TYPE or PRINT CLEARLY or application will be rejected

Patient's Name: _____

Residential Address _____

City _____ State _____ Zip _____

Home Telephone # _____

The undersigned hereby certifies as follows:

1. I have examined the above named individual on _____
(Date)

2. Disability Status (Please check all that apply, refer to the attached functional guidelines)

Permanently disabled

Disabled for one year or more

Other / Please Specify:

3. Does the individual **require** the use of any devices such as wheelchair or crutches to ambulate?

YES NO

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4. By signing this document, I certify that:
- 1) the individual's mobility is impaired to the extent that the ambulation is severely restricted; and
 - 2) the individual is permanently disabled or will be disabled for a period of time exceeding one year; and
 - 3) the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on _____
(Date)

by _____
(Physician's Signature)

Please Print:

Physician's
Name _____

Address _____

City and State _____ Zip Code _____

Telephone Number (with area code) _____

License
Number _____