

# HANDICAPPED PARKING SPACE APPLICATION

(Please keep this page for your reference)

[www.cityoflanasterpa.gov](http://www.cityoflanasterpa.gov)

IF A HANDICAP SPACE IS GRANTED, THE FOLLOWING  
REGULATIONS SHALL APPLY:

- Any vehicles displaying handicapped or disabled veterans license plate, or handicap placard may use any handicapped parking space.
- All spaces will be reviewed on an annual basis.
- The privilege of a handicapped parking space will be immediately discontinued with misuse of any kind.

## PROCEDURE

1. Complete application form.
2. Have physician's statement completed.
3. Submit forms to City of Lancaster.

City of Lancaster  
Traffic Commission Administrator  
39 West Chestnut Street  
Lancaster, PA 17603

4. **You must have a Handicap placard before you return application to the City of Lancaster**

There are (4) pages attached please fill out all and send back together so that your application can be reviewed as quickly as possible.

Thank you,

Customer Service  
Phone: (717) 735-3451

# CITY OF LANCASTER, PENNSYLVANIA

## Handicapped Parking Space Application

Section A

<b>Applicant Information</b>		
Name	Telephone Number	
Street Address		
City	State	Zip Code
Email Address:		

Section B

<b>Vehicle Information</b>	
Owner's Name	Driver's License Number
Owners Address (Including City, State and Zip Code)	
License Plate Number and Expiration Date	
Vehicle Make & Year	
If not your vehicle, why are you requesting a zone for a vehicle not registered to you?	

Section C

<b>Please Answer The Following Questions</b>
What is the nature of your disability?
Explain why you believe you require a reserved zone?
Do you use a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you use other implement to add mobility? Crutches <input type="checkbox"/> Braces <input type="checkbox"/> Other Security:

Do you have a hanging handicap placard? Yes  No

If yes, what is the placard number and date it expires?

Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Section D

<b>Property Information</b>	
Are you the property owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If you are not the property owner, please provide name and telephone number of the property owner below.</b>	
<u>Owner Name:</u>	<u>Telephone Number</u>
Do you have a garage or any other off street parking? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How wide is your residence? Is it less than 20 feet Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a fire hydrant along your frontage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Neighbor Notification</b>	
<b>Have you notified the owner/tenant on either side of the property you are applying for a handicap space? Please provide the name and address of the neighbor you contacted.</b>	
Property Owner/Tenant Name	Property Owner/Tenant Name
Address	Address

**Please note:** If parking is not permitted along the applicant's side of the street, the City may request the applicant to notify the neighbors on the other side of the street.

## ELIGIBILITY & DETERMINATION

Criteria. In order to provide an adequate number of HP spaces in a particular block and to preserve adequate parking spaces for all City residents, before the City creates a HP space, the Administrator must determine that the limitations upon the number and placement of HP spaces on a particular block set forth in § **285-130** will not be exceeded if the requested HP space is created, that the applicant has proven that there is no handicapped accessible off-street parking available to the applicant, and that the applicant meets one or more of the required criteria.

Nonexclusive right. If a HP space is created under this Article, the HP space so created may be used by any person parking a vehicle lawfully bearing registration plates or placards issued to handicapped persons or disabled veterans. This Article shall not be construed as granting the applicant the exclusive right to park his/her vehicle in the HP space created hereunder.

## LIMITATION ON HANDICAPPED PARKING SPACES

**B.** One-way roadways. When the roadway is a one-way roadway, no more than two HP spaces may be granted on each side of the block on which parking is permitted.

**C.** Two-way roadways. When the roadway is a two-way street, no more than three HP spaces may be granted on each side of the block on which parking is permitted.

<b>Signature Section</b>	
I hereby make application for a handicapped parking space in accordance with section 3354 (d) of the PA vehicle code, Title 75 and with the disabilities listed above. It is a crime to give false or misleading information on this application. Falsification will lead to fines such as the ones in paragraph 4904 (2) of the PA Crimes Code, Title 18. I hereby understand by signing this application I agree to notify the City of Lancaster immediately if and when I move from the address set forth on this application or no longer have a disability or no longer possess a valid handicapped registration plate or placard.	
Signature	
Date	

Handicapped parking space rules and regulations can be found on the City of Lancaster PA internet webpage.

## Physicians Statement

Patient's Name

Applicant's disability (diagnosis)

Describe disability in detail (Functional Abilities)

Does the applicant need to be lifted in or out of the vehicle? Yes  No

Applicant suffers from severe limitation in the ability to walk due to arthritic, neurological or orthopedic condition which prevents them from walking 200 feet without stopping to rest?  
Yes  No

Applicant is medically required to use portable oxygen? Yes  No

Applicant has limited or no use of one or both legs? Yes  No

Applicant suffers from serious cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association? Yes  No

Does the applicant suffer from any other physical or mental impairment not heretofore mentioned, which constitutes a substantial degree of disability and imposes great difficulty on applicant walking more than 200 feet without stopping? Yes  No

Prognosis for the applicant's recovery?

Applicant's disability: Temporary  Permanent

In your opinion, do you feel that the applicant qualifies for a reserved parking space on or near the street of his/her residence? Yes  No

**It is a crime to give false or misleading information on this statement. Falsification could lead to importation of fines as provided in section 4904, PA Crimes Code.**

Date

Physician's signature

Physician's printed name

Physician's State License Number

Office Address

Office Telephone Number