SPRING GARDEN TOWNSHIP

ADMINISTRATION - 340 TRI HILL ROAD, SUITE A
YORK, PA 17403-3806
PHONE NUMBER: 717.848.2858

Application for Handicapped Parking Space

INSTRUCTIONS: *Resident/Applicant must complete Sections A through E. Township must complete Section F.*
See reverse side for additional information on the handicapped parking space application and review process.

A	**APPLICANT AND VEHICLE INFORMATION (This section must be completed by the resident/applicant.)**				
	Printed Name of Resident/Applicant			Date of Application	
	Address of Applicant (Street, City, State, Zip Code)		Phone Number of Applicant:		
	Make of Vehicle 1	Model	Year	Color	Plate Number
	Make of Vehicle 2 (if applicable)	Model	Year	Color	Plate Number
B	**DISABILITY INFORMATION (This section must be completed by the resident/applicant.)**				
	Basis/Reason for the Handicapped Parking Space Request				
	Type of Disability				
	Duration of Disability D Permanent D Temporary from : to:				
C	**CURRENT SPACES AND AVAILABILITY (This section must be completed by the resident/applicant.)**				
	Is off-street parking available immediately adjacent to or on applicant's property? D Yes D No		Location(s)		
	Are there currently handicapped parking spaces on the applicant's street? D Yes D No		Location(s)		
D	**REQUIRED ATTACHMENTS (This section must be completed by the resident/applicant.)**				
	Is a statement of disability attached? D Yes D No		*Is Proof of a valid and current PennDOT handicapped parking placard or license plate attached?* D Yes D No		
E	**APPLICANT SIGNATURE (This section must be completed by the resident/applicant.)**				
	I hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT.		Signature of Applicant		Date

F	**REVIEW AND APPROVAL (This section must be completed by the township.)**				
	Administrative Reviewer	Date	D Approved D Additional Information Required		
	Notes				
	Township Manager	Date	D Approved D Additional Information Required		
	Notes				
	Date Ordinance Submitted to Board	*Date Ordinance Approved by Board*	*Date Sign was Errected*		
	Date Reimbursement Requested	*Reimbursement Amount*	*Reimbursement Received on*		

Eligibility and application process

Any person requesting the designation of a handicapped parking space within the Township shall provide the following information, at a minimum, on or attached to the application form, accompanied by a fee of $50, provided by the Township:

- Identity of resident applicant.
- Address of the resident for which the parking designation is requested.
- Make, model, and license plate number of the resident's vehicle (if any).
- Basis/reason for the request for a handicapped parking space.
- Type of disability.
- A statement of disability supported by proof of the asserted disability from a medical doctor, doctor of osteopathy, or doctor of podiatry medicine ("physician"). The physician's statement must be signed by the resident's physician, must be issued less than six months prior to the date of the application, and must specifically set forth the nature of the disability, how the disability limits the resident's mobility, and the estimated duration of the resident's disability.
- Duration of disability (permanent or temporary).
- Whether off-street parking is available immediately adjacent to or on the resident's property.
- The location of any handicapped parking spaces currently on the resident's street.
- The signature of the resident applicant verifying the validity of all statements made on the application.
- Evidence of a valid and current PennDOT handicapped parking placard or license plate.

The possession of a handicapped registration plate or placard does not guarantee that the resident's application for a restricted parking space will be granted by the Township.

A resident shall no longer be eligible for a handicapped parking space when he or she no longer has a disability, no longer possess a valid registration plate or placard, or no longer resides within the Township.

In the event that a resident handicapped or disabled person moves from the residence for which the parking restriction was issued, is no longer in need of such spot (due to the elimination of the disability), or no longer maintains a valid handicapped placard or plate, such resident shall notify the Township, upon which the Township shall remove the parking restriction.

Review and approval process

The Township Manager and/or their designee shall review every application submitted under this section. The review shall confirm the information presented in the application, investigate the location proposed for restriction, and determine if a handicapped parking space is permissible and in the Township's best interest.

The Township Manager and/or their designee may require other relevant information from the resident applicant, as deemed necessary, other than that listed above, in order to complete the approval process, including medical records or a physician's note evidencing ongoing disability. The Township may also require an independent medical review of the resident's medical records and asserted disability.

Upon review and approval of the application, the Township Manager will submit an ordinance to the Board of Commissioners for approval of a restricted parking space.

Upon the Board of Commissioners' approval, the Township will erect an appropriate sign, with the standard wheelchair symbol, along the public street as close as possible to the affected resident's residence. In positioning this sign and post, the Township shall consider the needs of the individual in conjunction with the Township's interest in the safety of all motorists.

Upon approval of the handicapped parking space, the resident shall reimburse the Township for any and all costs associated with the creation and designation of a parking space, including but not limited to the cost of the sign, post, ordinance advertising, installation, and staff review time, and any future replacement or maintenance of the sign or post.

Enforcement and violations

A resident approved for a restricted parking space shall provide evidence of a current handicapped placard or plate on an annual basis in conjunction with a reenrollment application. The reenrollment application shall require the resident to verify the continuance of his or her disability in January of each year following the approval of a handicapped parking space. An updated physician's note must be attached to the reenrollment application. A resident's failure to submit the evidence or reenrollment application, or the Township's determination that the resident is no longer eligible for a restricted parking space, will result in removal of the parking restriction (including signs and markings).

The posting of a handicapped parking space shall permit the use of said space by any vehicle displaying a valid handicapped registration plate or placard.

It shall be unlawful for any person to knowingly and willfully, with the intent to deceive, make a false statement to any public offi cial for the purpose of obtaining a handicapped parking space for himself/herself or another person. Any person who violates any portion of this section shall1 upon conviction thereof1 be fined not less than $500 nor more than $11000 and1 upon failure to pay said fine, may be subject to imprisonment.