



MUNICIPALITY OF NORRISTOWN

RESERVED PARKING APPLICATION FOR RESIDENTS WITH DISABILITIES

PURPOSE:

The Municipality offers a program to provide reserved on-street parking to residents whose mobility is limited to such a degree due to medical conditions, that reserved parking is required to allow those residents to function independently.

Please review the following eligibility requirements; if you are applicable, complete and submit this ENTIRE application packet to:

Office of the Municipal Administrator
First floor, Norristown Municipal Hall
235 East Airy Street
Norristown, PA 19401-5003.

You may return the completed packet in person or by mail (NO EMAILS OR FAX COPIES) to the Office of the Municipal Administrator at the address listed above. Any and all questions can be directed to the Office of the Municipal Administrator at 610-270-0421 or via email at info@norristown.org.

PROCESS:

NEW APPLICATIONS

Please complete, sign, and submit pages 1 through 8 of this packet for all first-time applications including signatures from your physician and notary public.

- **Page 4** must be signed in front of a notary public sworn by the State of Pennsylvania, and notarized by that notary **PRIOR TO SUBMISSION**.
- **Pages 5 and 6** of this application must be completed (including diagnosis and professional license number) and signed by your physician (MD, DO, NP, PA, or DPM). Chiropractors (DC) are NOT considered "physicians" under State Law. Approved permits are valid for one (1) year, and must be renewed annually.
- **Page 9** (Neighbor Notification Addendum) is **REQUIRED** and your neighbors must sign/consent if the frontage of your property is less than 20 feet.

RENEWAL APPLICATIONS

Reserved parking spots for residents of Norristown with disabilities **MUST BE RENEWED** every year. Reserved parking that is not renewed could be revoked by the Municipality.

Please re-submit this application and all its subsequent parts, including the signatures from your physician and notary public, **EVERY YEAR** prior to the date that your application was approved by Council.

Please allow SIX (6) to EIGHT (8) Weeks from the submission date of this application packet for the approval process.



MUNICIPALITY OF NORRISTOWN

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Please review the following eligibility requirements to ensure that you are qualified to apply for a reserved disabled parking permit in the Municipality of Norristown:

ELIGIBILITY REQUIREMENTS & REQUIRED DOCUMENTS	
Each of these requirements must be met in order to be eligible for a disabled parking permit	
1. RESIDENCY	<ul style="list-style-type: none">- Applicants must residents of the Municipality of Norristown;- Please submit with your application packet a copy of a photo I.D., utility bill, bank statement, and/or any other official document that includes your name or current physical address dated within the last three (3) months.
2. PA DISABILITY PLACARD & I.D.	<ul style="list-style-type: none">- Applicants must possess a valid PA State issued Person with Disability Parking Placard and I.D.- Please submit a copy of your Disability Placard, State-issued Disability I.D. or valid Pa Handicap Registration Plate. <i>PLEASE NOTE: Applicants requesting a reserved disabled parking permit MUST BE ABLE TO DRIVE and possess a valid driver's license and registration.</i>
3. LACK OF OFF-STREET PARKING	<ul style="list-style-type: none">- There should be no off-street parking available for the applicant's property. Applicants will NOT BE ELIGIBLE if a driveway, garage, or any other form of off-street parking is available.
4. PHYSICIAN EXAMINATION	<ul style="list-style-type: none">- Applicants must have their physician complete Part 2 (the Physician's Certification form); the examination must have occurred within the past SIX (6) months to be considered valid.
5. PROPERTY FRONTAGE	<ul style="list-style-type: none">- The amount of space in front of the applicant's property must be a minimum of twenty (20) feet. If the frontage is less than 20 feet, the applicant must also submit a neighbor notification addendum
6. ACCEPTABLE OF APPLICABLE FEES	<ul style="list-style-type: none">- Applicants must agree to pay all applicable fees set forth in the Municipality's Annual Fee Schedule.
7. WRITTEN REQUEST	<ul style="list-style-type: none">- Applicants must submit a written request (attached to this application packet) addressed to the Municipal Administrator stating that they would like a reserved disabled parking permit.

DETERMINATION:

All requests will be investigated by the Norristown Police Department to ensure that all of the information submitted is accurate and that the applicant meets all eligibility requirements.

You will receive a determination notice from the Norristown Police Department informing you of your application's acceptance or denial and will provide a reason should your application be denied. If your application be accepted by our Police Department, your application will be presented to the Municipal Council of Norristown for final approval. Once Council has approved your request, our Public Works Department will install a disabled parking sign in front of the property indicated on this application.



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Please provide the following information by answering all questions completely and to the best of your ability:

APPLICANT INFORMATION		DATE:		
NAME OF APPLICANT:				
ADDRESS:				
CITY / STATE / ZIP CODE:				
PHONE (HOME):		CELL:		
EMAIL:				
DATE OF BIRTH:		APPLICANT'S SEX	MALE	FEMALE
OCCUPATION		RETIRED?	YES	NO

VEHICLE INFORMATION:				
VEHICLE MAKE & MODEL:		YEAR		
RESIGSTRATION PLATE #				
HANDICAP PERMIT #		EXPIRATION		
ARE YOU THE PRIMARY OPERATOR OF THIS VEHICLE?		YES	NO	
If No, who are you dependent on for transportation?				
ADDRESS (IF DIFFERENT)				
CITY:		STATE/ZIP CODE		

DESCRIBE THE NATURE OF YOUR DISABILITY:



MUNICIPALITY OF NORRISTOWN

RESERVED PARKING APPLICATION FOR RESIDENTS WITH DISABILITIES

Please provide the following information by answering all questions completely and to the best of your ability:

DOES YOUR DISABILITY AFFECT YOUR ABILITY TO WALK? (If yes, please explain how in the space below)	YES	NO
DO YOU HAVE A GARAGE OR OTHER OFF-STREET PARKING? (If yes, describe why it is not suitable for use)	YES	NO
ARE YOU DEPENDENT ON MECHANICAL DEVICES TO GET AROUND? (e.g. wheelchair, walkers, crutches, cane) describe below:	YES	NO
IS THE AREA IN FRONT OF YOUR RESIDENCE PRESENTLY POSTED WITH PARKING AND/OR STOPPING RESTRICTIONS?	YES	NO

Please complete if you are RENEWING your reserved disabled parking spot:			
My Physical Condition has:	Improved	Remained the Same	Deteriorated
Have any improvements been made to your property to provide off-street parking (If yes, explain below)	YES	NO	



MUNICIPALITY OF NORRISTOWN **RESERVED PARKING APPLICATION FOR RESIDENTS WITH DISABILITIES**

BELOW MUST BE SUBSCRIBED BEFORE A NOTARY PUBLIC

I hereby make application for a Handicapped Parking Space in accordance with Title 75 Section 3345 (d) of the PMVC. I certify that all the information provided in relationship to this application is complete and true to the best of my knowledge and that the reserved parking space is for my personal use. I understand that false statements made herein are subject to the penalties of Title 18 PA C.S. Sec. 4904 relating to unsworn falsification to authorities.

APPLICANT SIGNATURE: _____

I, _____, being duly sworn, deposes and says that
(Applicant – Print Name)
the Applicant is the individual making the foregoing application for a reserved residential handicap parking space; that the answers to the foregoing questions and other statements are true to the best of his/her knowledge and belief.

Sworn to before me on _____ day of _____, _____ at _____
(Day) (Month) (Year) (Time)

Notary Public



MUNICIPALITY OF NORRISTOWN RESERVED PARKING APPLICATION FOR RESIDENTS WITH DISABILITIES

PHYSICIAN'S CERTIFICATION OF DISABILITY

(To be completed by your physician)

The Municipality of Norristown offers a program to provide reserved on-street parking to residents whose mobility is limited to such a degree due to medical conditions, that reserved parking is required to allow those residents to function independently. All descriptions and explanations concerning the applicant's level of disability, diagnosis, and prognosis must be **MEDICALLY EXPLICIT**.

ANY QUESTIONS NOT ANSWERED ON THIS APPLICATION MAY RESULT IN IT BEING RETURNED TO THE APPLICANT OR THE APPLICATION BEING DENIED.

PLEASE TYPE OR PRINT CLEARLY

NAME OF APPLICANT:

The undersigned hereby certifies as follows:

I examined the above named applicant on _____ **day of** _____, _____
(Day) (Month) (Year)

NAME OF PHYSICIAN:

OFFICE ADDRESS:

CITY / STATE / ZIP CODE:

OFFICE PHONE:

EMAIL:

I certify that I am a board certified physician in the following areas:

I certify that all 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 Title 18 Pa C.S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on _____ at _____
(Day, Month, Year) (Time)

By _____
(Physician's Signature)



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RESERVED PARKING APPLICATION FOR RESIDENTS WITH DISABILITIES

PHYSICIAN'S CERTIFICATION OF DISABILITY

(To be completed by your physician)

Disability Status

Please refer to the functional guidelines sheet attached. Complete all that apply.

<input type="checkbox"/> Impaired or Non Ambulatory Disability (Sec. 1 and 2)		
<input type="checkbox"/> Arthritis (Sec. 3)	Functional Class _____	Mobility Grade _____
<input type="checkbox"/> Amputation / Level and site (Sec. 4)		
<input type="checkbox"/> Cerebrovascular Accident (Sec. 5)		
<input type="checkbox"/> Pulmonary (Sec. 6)	Pulmonary A _____	Pulmonary B _____
<input type="checkbox"/> Cardiovascular (Sec. 7)	Functional Class _____	
<input type="checkbox"/> Neurological (Sec. 8)		
<input type="checkbox"/> Other: _____		

Please specify date and onset of applicant's disability	
Describe <u>IN DETAIL</u> the nature and extent of the disability (FOCUS ON MOBILITY LIMITATIONS)	

In your professional opinion, will the applicant's disability ever improve to the point that a reserved parking spot will no longer be necessary? (Please provide details below)	YES	NO

Does The Applicant Need To Be Lifted In Or Out Of Their Vehicle?	YES	NO
Is The Applicant Capable Of Driving?	YES	NO
Does The Applicant Medically Require The Use Of Portable Oxygen?	YES	NO
Does The Applicant Have Limited Or No Use Of One Or Both Legs?	YES	NO
Does The Applicant's Physical Or Mental Impairment Prevent Them From Being Able To Walk A Distance Of 200 Feet Without Stopping?	YES	NO



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FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether the one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him or her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages cause moderate to severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved, residential parking for people with disabilities.

SECTION 1 Non-Ambulatory Disabilities

Impairments that require the applicant to use a wheelchair for mobility.

SECTION 2 Impaired or Assisted Ambulation

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

Note: Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.

SECTION 3 Arthritis

This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

FUNCTIONAL CAPACITY

- | | |
|-----------|--|
| Class III | Functional capacity adequate to perform only a few or none of the duties of usual occupation or self-care. |
| Class IV | Largely or wholly incapacitated, uses wheelchair. |

MOBILITY ASSESSMENT

- | | |
|-----------|---|
| Grade II | The applicant can cross the road but cannot manage public transportation. |
| Grade III | The applicant can use stairs but cannot cross roads. |
| Grade IV | The applicant cannot use stairs. |
| Grade V | The applicant can move from room to room with help. |
| Grade VI | The applicant is confined to chair or bed. |

Note: Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident

SECTION 4 Amputation/Anatomical

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

Note: Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

SECTION 5 Cerebrovascular Accident

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk. These applicants must exhibit one of the following:

- (A) Severe functional motor deficit in any of two extremities
- (B) Severe ataxia affecting two extremities substantiated by appropriate by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

Note: Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.



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SECTION 6 Pulmonary Disabilities

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

- (A) Dyspnea which occurs during such activities as climbing one flight of stairs or walking 100 yds on level ground.
- (B) Dyspnea present on the slightest exertion such as dressing, talking or at rest.

Note: Applicants for reserved parking may qualify under either sections A or B; however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routing functions, this should be stated by the applicant's physician.

SECTION 7 Cardiovascular Disease

This section applies to those individuals who, because of cardiac illness, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

FUNCTIONAL CLASSIFICATION

- Class III Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest; however, less than ordinary physical activity causes fatigue, palpitations, and dyspnea or angina pain
- Class IV Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or angina syndrome may be present even at rest. Any physical activity will increase discomfort.

THERAPEUTIC CLASSIFICATION

- Class D Patients with cardiac disease whose ordinary physical activity should be markedly restricted.
- Class E Patients with cardiac disease who should be at complete rest, confined to a bed or chair.

Note: Those applicants who fall under Therapeutic Classification D may or may not be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal however, special circumstances such as traffic or terrain problems may be brought to light which allow approval or reserved parking zones in such cases.

SECTION 8 Neurological Disabilities

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

NEUROLOGICAL DISORDER:

Damage to the central nervous system due to illness, accident, genetic or hereditary factors.

Note: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the resulting neurological disorder. The general rule for our purposes is if the applicant can walk one half of a city block without difficulty, he or she is not likely to require reserved residential parking.

SECTION 9 Other:

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.



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NEIGHBOR NOTIFICATION ADDENDUM

(REQUIRED if there is less than 20 feet in front of your property)

Sign Installation Agreement: I understand that since my property frontage is less than 20 feet from the property line to property line, it is my responsibility to obtain the signature of the owners of the adjacent properties indicating that they have no objections to the installation of this reserved parking space.

Applicant Signature:

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Consent of Adjacent Property Owner (Please read carefully):

I, _____, certify that I am the owner of the property located at
(Neighbor – Print Name)

(Neighbor Address)

I understand that my neighbor has applied for a reserved disabled parking space in front of his/her property. I have no objections to the Municipality of Norristown installing a disabled parking zone completely or partially in front of my property.

Signature:

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Phone Number:

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Date Signed:

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Consent of Adjacent Property Owner (Please read carefully):

I, _____, certify that I am the owner of the property located at
(Neighbor – Print Name)

(Neighbor Address)

I understand that my neighbor has applied for a reserved disabled parking space in front of his/her property. I have no objections to the Municipality of Norristown installing a disabled parking zone completely or partially in front of my property.

Signature:

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Phone Number:

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Date Signed:

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