

# HANDICAP PARKING SIGN PERMIT APPLICATION

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TWP PERMIT # \_\_\_\_\_

- ☐ NEW APPLICATION  
☐ RENEWAL APPLICATION

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY**

## PROPERTY INFORMATION

ST NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_

SUITE/APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_ ZONING DIST.: \_\_\_\_\_

## APPLICANT / OWNER INFORMATION

### CHECK ALL THAT APPLY:

☐ APPLICANT IS OWNER OF PROPERTY ☐ APPLICANT IS NEITHER OWNER OF PROPERTY OR DISABLED PERSON

☐ APPLICANT IS DISABLED PERSON Relationship to applicant \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \*\* \_\_\_\_\_ **\*\*REQUIRED ON ALL APPLICATIONS**

**NATURE OF DISABILITY:** \_\_\_\_\_

DO YOU USE ASSISTIVE DEVICES FOR AMBULATION OR MOBILITY? (I.E. WHEELCHAIR, CRUTCHES, WALKER) ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ DISABLED PERSON ☐ OTHER (RELATIONSHIP) \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

DO YOU HAVE A HP LICENSE PLATE OR DV LICENSE PLATE? ☐ YES ☐ NO (CIRCLE TYPE): HP DV

DO YOU HAVE A HP PARKING PLACARD? ☐ YES ☐ NO PLACARD/PLATE # \_\_\_\_\_

**If yes, a copy of the placard and a copy of vehicle registration MUST accompany application.**

DO YOU HAVE ACCESS TO OFF-STREET PARKING? ☐ YES ☐ NO

DO YOU HAVE ACCESS TO OR OWN A GARAGE? ☐ YES ☐ NO

ARE THERE PARKING RESTRICTIONS ON YOUR STREET? ☐ YES ☐ NO

If yes, please describe: \_\_\_\_\_

WILL YOU PARK YOUR VEHICLE AT THE DESIGNATED SPOT ON A REGULAR BASIS? ☐ YES ☐ NO

If no, please explain: \_\_\_\_\_

## PLEASE PROVIDE PHYSICIAN'S NAME, ADDRESS & PHONE NUMBER

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**\*PLEASE RETURN APPLICATION ALONG WITH STATEMENT FROM YOUR PHYSICIAN REGARDING NATURE OF YOUR DISABILITY\***

**UPON RECEIPT OF THIS APPLICATION FORM AND A PHYSICIAN'S STATEMENT, YOU WILL BE CONTACTED FOR A PERSONAL INTERVIEW REGARDING YOUR REQUEST**  
**OFFICE USE ONLY**

NEW PERMIT FEE: \_\_\_\_\_ ANNUAL RENEWAL FEE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

Payment of Fee Does Not Guarantee Approval

**FEES ARE NON-REFUNDABLE**