



UPPER MACUNGIE TOWNSHIP

ADA PARKING APPLICATION SUBMITTAL GUIDE

Utilize the checklist below, providing all details for the following items:

- Completed three (3) page application.*
- Photocopy of vehicle registration.*
- Photocopy of handicap placard registration*
- Consent of adjacent property owner (if applicable).*
- Consent of Landlord/Property Manager (if applicable).*
- \$75.00 Registration Fee*
- \$650.00 Installation and Marking Fee. (To be paid once the application has been approved)*



Upper Macungie Township

8330 Schantz Road
Breinigsville, PA, 18031

Phone: 610-395-4892
Fax: 610-395-9355

Website:
www.uppermac.org

Application for Reserved Parking for People with Disabilities

Applicant's (disabled person) Name: _____

If this application is being completed by someone other than the disabled person, please list that person's name below: (please print)

Person Completing Application	Relation to Applicant
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The following information required on this application **must** pertain to the above-mentioned applicant (disabled person).

Address: _____

Telephone: _____ Date of Birth: _____ SSN: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. Do you have a garage or other off-street parking available? No Yes
2. PA license plate number of the vehicle you use: _____
(Please attach a photocopy of the vehicle registration.)
3. If your vehicle does not have a PA Handicap registration plate, do you have a handicap placard?
 No Yes What is the placard identification number? _____
(Please attach a photocopy of the handicap placard registration.)
4. Are there any parking restrictions on your street? No Yes
If yes, please describe: _____
5. Do you have 25 feet of parking area available in front of your property? No Yes
If no, complete the following section.

* * * * * * * * * * * * * *

CONSENT OF ADJACENT PROPERTY OWNER

I, _____, certify that I am the owner of _____

_____. I understand that my neighbor is in need of additional footage in order to install a reserved handicap parking zone on the street. I have no objections to Upper Macungie Township installing a reserved handicap parking zone in front of my property at the above address.

Adjacent Property Owner

Phone Number

Date

* * * * *

CONSENT OF LANDLORD/PROPERTY MANAGER

Do you rent the property where you are residing? _____ No _____ Yes

(If yes, your land landlord or property manager will need to sign below.)

I certify that I am the owner or property manager of: _____
Address

And certify that I have no objections to Upper Macungie Township installing a handicap parking zone for my tenant in front of the property at the above address.

Landlord/Property Manager's Signature

Phone Number

Date

* * * * *

HAVE YOU ATTACHED?

_____ A photocopy of the registration belonging to the vehicle that you use.

_____ \$75.00 Registration Fee

_____ \$650.00 Installation and Marking Fee

* * * * *

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 further understand that I will be asked to re-certify that the need for the space still exists on an annual basis, and the space will lapse and be removed if I do not complete and return the annual re-certification.

I certify that information contain 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 Signature

Date