

Borough of Mahanoy City

239 East Pine Street
Mahanoy City, PA 17948

APPLICATION FOR RESTRICTED PARKING

To the applicant:

This form is to be used to request permission for restricted parking (handicapped parking at your residence, customer or client parking at your place of business, or for an easement to cross the sidewalk to access your driveway, carport, or garage). Please read this application carefully, and complete it in full. In a densely-populated community such as ours, restricted parking is a privilege extended by Borough Council, and each request must be individually evaluated with regard to factors such as location, potential impediments, and - especially in the case of handicapped parking requests - compliance with current State laws and regulations.

Once your completed application is presented to Borough Council, it will be forwarded to the Mayor and Chief of Police for verification of the application information and a physical site review. This review process will take 30-60 days in most cases, and we ask for your understanding that those responsible for reviewing your application must often balance that task against a workload with competing priorities. Providing a fully-completed application and all required supporting documentation will certainly help the approval process flow smoothly.

Please contact Borough Hall during daytime business hours with any questions you might have about this application. You can reach the Borough Secretary at 773-2150 or the Police Department at 773-2313.

Please PRINT all information

Your Name _____

Current Home Address _____

Mailing Address, if different _____

Home Telephone _____

Other Phone _____

Type of Request

- Handicapped – temporary permanent
Complete this page, and pages 3 & 4
- Driveway / Carport / Garage
Complete this page, and pages 2 & 4
- Customer / Client Parking (Business)
Complete this page, and pages 2 & 4
- Other: _____
Complete this page along with page 4, and attach a detailed explanation of your request.

This is an

- Initial Application
\$50 fee *
- Annual Renewal
\$20 fee

* plus \$25 line marking if applicable

Do NOT submit fees with your application; upon Borough Council's review and approval of your application, you will be billed for the appropriate fee.

ALL SIGNS REMAIN PROPERTY OF MAHANNOY CITY
BOROUGH

Complete this section if applying for off-street parking (driveway, carport, garage entrance):

Location of residence _____

Location of driveway in relation to residence (east of, west of, rear, etc.) _____

Does driveway adjoin your property or is it separated by someone else's property? _____

Is curb tapered (ramped) to allow for movement of vehicles? _____
NOTE: Tapering must also include drainage for water to flow smoothly down gutter.

Is driveway finished so that vehicles will not drag debris (dirt, grass, etc.) onto the sidewalk? _____

If tapering or finishing has not yet been done, when will it be done? _____

– continue on to page 4 of this application –

Complete this section if applying for on-street CUSTOMER / CLIENT parking at a business:

Type of business _____

Specific use of parking area (customers, deliveries, etc.) _____

Normal business hours (e.g. Mon thru Fri, 9AM-5PM) _____

Any potential impediments in area of zone (fire hydrants, driveways, etc.) _____

Other information you feel is pertinent to this request _____

– continue on to page 4 of this application –

Complete this page only if applying for a HANDICAPPED parking space:

The space you are applying for will be used by a vehicle that is owned by (check one)

- yourself
- a member of your household and used as your primary means of transportation
- other: _____

The vehicle that will occupy the space bears one of the following (check one)

- PA disabled person license plate number _____
- PA severely disabled veteran license plate number _____
- PA handicapped placard number _____

If your home is mid-block, the reserved space will be measured from the center of your property. If your home is on a corner, you may opt for the space to be closer to a side or rear entrance. Please check the block which describes your property and desired location:

- Mid-Block
- Corner: front other: _____

Other information which you feel is pertinent to this request: _____

Have your doctor complete and sign this section:

<i>This section must be completed by a Medical Doctor (MD) or Doctor of Osteopathy (DO). Please indicate below the condition which would necessitate your patient to receive a restricted parking space for their use based upon diagnosis, whether their condition is permanent or temporary, and describe the limitations which cause difficulty in ambulation.</i>		
NAME OF PHYSICIAN	MD/DO LICENSE NUMBER	TELEPHONE
OFFICE ADDRESS		
NAME OF DISABLED PERSON		
DIAGNOSIS – DO NOT ABBREVIATE OR USE OFFICE CODES		
LIMITATION/HARDSHIP – HOW CONDITION AFFECTS APPLICANT'S ABILITY TO AMBULATE		
APPLICANT'S DISABILITY IS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY – EXPECTED RECOVERY:		
DESCRIBE PERMANENT DISABILITY (PA VEHICLE CODE CRITERIA) – MUST MEET AT LEAST ONE OF THESE <input type="checkbox"/> Uses portable oxygen <input type="checkbox"/> Limited or no use of an arm or both legs <input type="checkbox"/> Unable to walk 200 feet without stopping to rest <input type="checkbox"/> Legally blind <input type="checkbox"/> Class III or IV cardiac condition (American Heart Association guidelines) <input type="checkbox"/> Severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition <input type="checkbox"/> Restricted by lung disease to such an extent that forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest.		
SIGNATURE OF PHYSICIAN – SIGNATURE STAMPS NOT ACCEPTABLE		DATE SIGNED

– continue on to page 4 of this application –

ALL APPLICANTS MUST READ AND SIGN THIS PAGE

Please return your completed application to the Borough Secretary during Borough Hall business hours. When returning your application, you must also present your PA driver's license as proof of identity/residency. Applicants for handicapped parking privileges must also attach a copy of their PA vehicle owner's card or PennDOT-issued placard.

Upon Borough Council's approval of your application, you will be billed a \$50 application fee, plus \$25 for the Public Works department to line off the approved space. The Borough will provide you with one (1) restricted parking sign made to current specifications, said sign remaining the property of the Borough of Mahanoy City. The sign must be mounted on a post not exceeding sixty-six (66) inches in height, and permanently installed in the sidewalk six (6) inches from the curbline, and centered across the width of the property. Signs mounted on porches, building walls, or any location other than as specified will NOT be enforced.

At its earliest convenience, the Borough's Public Works Department will mark off your restricted parking zone with line paint in dimensions (width) conforming to current State standards. At certain times of the year, line painting may be delayed until optimal temperature conditions allow. It is a violation of State law for anyone other than the municipality (the Borough) to paint roadway markings.

Restricted parking permissions granted by Borough Council do NOT supercede existing parking regulations. Residents with garage or driveway permissions cannot park in such a way as to obstruct the sidewalk, and holders of any restricted parking permission (including handicapped) MUST obey any special, emergency, or temporary restrictions periodically posted by the Borough or Police Department for snow plowing, street sweeping, parades, utility work, or similar events.

Do NOT dial '911' to report parking violations; if someone is parked illegally in your restricted space, call the Police Department at 773-2310. Provide your name and address to the dispatcher, as the police need to verify that the complaint was made by the property owner/agent. Providing the offending vehicle's license plate number when possible will provide the responding officer with the vehicle owner's information well before he/she arrives, allowing quicker removal of the vehicle for you. Please note that the determination of whether or not a violation exists, or whether or not a ticket is issued, rests within the officer's discretion. Additionally, please note that the towing of vehicles for parking violations is governed by State law and the Borough Code.

All restricted on-street parking spaces are reviewed in January of each year, and are subject to continuance or revocation at that time or at any other time during the permission period based upon existing qualifications, neighborhood situation, and violation history. A renewal application must be obtained at Borough Hall and returned prior to January 31, along with a renewal fee of \$20. In addition, any interim change in qualification for a approved restricted parking space (moving, change in vehicle ownership, change in condition of handicapped applicant, etc.) MUST be report to the Borough Secretary at 773-2150 within ten (10) days. Restricted parking permissions are applicant AND location-specific; they may NOT be transferred to another person or location without submission and approval of a new application.

Applicants for handicapped parking privileges are further advised that their applications are subject to review by the *Anthracite Regional Center for Independent Living* or any such similar review panel as may be capable of making an independent and unbiased review of an applicant's qualifications for special parking privileges. In addition, applicants are reminded that under existing laws, handicapped parking spaces may only be used by vehicles owned by the applicants or a member or his/her household, and only if used as the applicant's primary transportation. Said vehicles MUST bead a valid PA disabled person or severely disabled veteran license plate or PennDOT-issued placard. Handicapped-reserved spaces may NOT be used for the convenience of other residents of the home or by visitors, including healthcare providers.

Your signature below acknowledges that you have read these regulations and agree to abide by them if approved for restricted parking, and that all the information you have provided in this application is true and correct to the best of your knowledge and belief, subject to the penalties of 18 Pa. C.S. 4904, i.e. Unsworn Falsification to Authorities:

X

SIGNATURE OF APPLICANT

DATE SUBMITTED