



RESIDENTIAL HANDICAPPED PARKING SIGN POLICY/APPLICATION
PUBLIC WORKS DEPARTMENT
\$25 Application Fee
\$25 Renewal Fee

MAIL APPLICATION TO: PUBLIC WORKS DEPARTMENT, 401 BROADWAY, GARY, INDIANA 46402

The following City Ordinance concerns the request for a Disabled Parking sign; the following pre-requisites must be satisfied.

1. The applicant must make a written request, on this form, to the Public Works Department which includes:
 - a. A valid vehicle registration
 - b. A letter from a physician
 - c. A handicapped placard
 - d. A valid Indiana License

2. To be eligible, the applicant must not have a driveway to his or her property.

3. For the parking signs to remain, the applicant must make a written renewal to the Public Works Department, annually, during December. The applicant or a relative must notify the department when the signs are no longer needed.

4. The disabled parking signs will normally be located directly in front of the applicant's residence. If such space is not available, the Public Works Department may consider other factors in determining where the signs will be located.

If the request is approved, the Public Works Department will notify the applicant in writing. A copy of the letter will be forwarded to the Police Department for enforcement.

THIS SECTION MUST BE COMPLETED BY THE APPLICANT

 (NAME: LAST FIRST MIDDLE) (TELEPHONE NUMBER)

 (ADDRESS: STREET, CITY/STATE ZIP CODE)

 AUTOMOBILE MAKE MODEL YEAR

Type of application? NEW _____ RENEWAL _____

Do you have a disability placard? _____ License plate? _____
 (Please attach a copy of your placard or license registration)

Is there a driveway? Yes _____ No _____

Is the parking place for a vehicle that you drive? Yes _____ No _____

Is there a parking lot adjacent to your building and available for your use? Yes _____ No _____

Is the parking place needed to assist a child who is disabled? Yes _____ No _____

Comments

I UNDERSTAND UNDER PENALTY OF LAW THAT IF MY PLACARD/PLATE IS USED BY OTHERS NOT TRANSPORTING ME, THAT THE DISABILITY PARKING PLACARD/PLATE MAYBE REVOKED AND SIGNS REMOVED.

Signature of applicant _____ Date _____

HAVE YOU INCLUDED:

- A copy of your car registration? (Or one that belongs to your household.)
- A copy of your disability placard/plate?
- A copy of your driver’s license? (Or someone that resides at your address.)

(OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE)

NUMBER OF PERMITS ISSUED _____

DATE DISABLED PARKING SIGN INSTALLED _____

DATE DISABLED PARKING SIGN REMOVED _____

NOTES

