

West Pittston Handicapped Parking Permit Application

Instructions:

1. Fill out all required fields in the application.
2. Attach the necessary supporting documents, including photographs, measurements, photo identification, and physician documentation.
3. Submit the completed application and the \$25.00 application fee to the Borough of West Pittston.
4. Recertify annually by January 31 with a recertification fee of \$10.00.
5. In the event of death or moving, the resident or representative of the applicant must notify the Borough, in which case the Borough will remove the sign at the Borough's expense.

Applicant Information

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Relationship to Handicapped Person (if applicable):** _____

Handicapped Person Information

- **Full Name:** _____
- **Address (if different from applicant):** _____
- **Phone Number (if different from applicant):** _____
- **Email Address (if different from applicant):** _____
- **Vehicle Registration Plate or Placard Number:** _____
- **Vehicle Make, Model, and Year:** _____
- **Relationship to Applicant:** _____

Supporting Documentation

6. **Photographs** of the requested parking area.
7. **Measurements** of the distance from the requested parking area to the applicant's place of residence.
8. **Photo Identification** of the applicant and the handicapped person (if different).
9. **Physician Documentation** confirming that the applicant or co-applicant meets one or more of the following criteria:

- Blind
- Does not have full use of an arm or leg
- Cannot walk 100 feet without stopping to rest
- Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device
- Is restricted by lung disease or an arthritic, neurological, or orthopedic condition to such an extent that said person has restricted movement
- Uses portable oxygen
- Is a parent or natural or legal guardian of an individual with a disability necessitating the issuance of a handicapped permit

Certification and Agreement

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that this permit is a revocable license and that the issuance of this permit is at the discretion of the Borough of West Pittston. I agree to comply with all applicable regulations and ordinances of the Borough.

- **Signature of Applicant:** _____
- **Date:** _____

Borough Use Only

- **Date Received:** _____
- **Application Fee Paid:** _____
- **Reviewed By:** _____
- **Recommendation (Approved/Denied):** _____
- **Comments:** _____

Recertification Form

(To be submitted annually by January 31) Year _____

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Vehicle Registration Plate or Placard Number:** _____
- **Certification of Continued Eligibility:** [] Yes [] No
- **Recertification Fee Paid:** _____

(To be submitted annually by January 31) Year _____

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Vehicle Registration Plate or Placard Number:** _____
- **Certification of Continued Eligibility:** [] Yes [] No
- **Recertification Fee Paid:** _____

(To be submitted annually by January 31) Year _____

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Vehicle Registration Plate or Placard Number:** _____
- **Certification of Continued Eligibility:** [] Yes [] No
- **Recertification Fee Paid:** _____