

# HARRISON TOWNSHIP

1 Municipal Drive

PO Box 376

Natrona Heights, PA 15065

724-226-1393

**BEFORE** submitting application request, **carefully read all compulsory requirements** that must first be met before the Township accepts and considers applications. Some common unmet requirements include but are not limited to: applicant has off-street parking, a driveway or garage at their residence, applicant's nature and severity of disability does not require use of wheelchair or quad cane walker, the current routine parking availability near applicant's residence is reasonable and adequate for majority times. *Note that any approval is valid for one year and a specific request for "renewal" must be submitted year to year to the Township office providing all requirements continue to be met.*

## APPLICATION FOR RESIDENTIAL HANDICAP PARKING

### ORDINANCE NO. 1986 OF 2016

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

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

PHONE NUMBER: \_\_\_\_\_

LOCATION OF REQUESTED SPACE: \_\_\_\_\_

IF DIFFERENT THAN HOME ADDRESS, PLEASE EXPLAIN:

ARE ANY OF THE FOLLOWING AVAILABLE AT THE REQUESTED LOCATION?

\_\_\_\_\_ Off Street Parking

\_\_\_\_\_ Driveway

\_\_\_\_\_ Garage

NATURE AND SEVERITY OF DISABILITY:

What type of device is habitually necessary to aid movement of the disabled applicant to and from vehicle?

\_\_\_\_\_ Wheelchair or \_\_\_\_\_ Quad Cane Walker

NAME AND ADDRESS OF VEHICLE OWNER: \_\_\_\_\_  
\_\_\_\_\_

Handicap or Severely Disabled Veteran License Plate No. \_\_\_\_\_

PA Handicap Parking Hangtag No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (attach copy)

Vehicle Model and Year \_\_\_\_\_

Vehicle License Plate No. \_\_\_\_\_

Where does the vehicle currently and routinely park? \_\_\_\_\_

Is this vehicle Modified to accommodate your disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Applicant Signature Date

Signature & Relationship if other than Applicant \_\_\_\_\_

\_\_\_\_\_ Disapproved

\_\_\_\_\_ Approved

**EXPIRES ONE YEAR FROM DATE OF APPROVAL** \_\_\_\_\_

\_\_\_\_\_  
Township Official Date

**DISAPPROVAL FOR THE FOLLOWING REASONS:**

- \_\_\_\_\_ Off-Street Parking, driveway parking or garage appear to be available at residence
- \_\_\_\_\_ Current "routine" parking availability near residence is reasonable and generally adequate
- \_\_\_\_\_ Disability is not deemed to be of a severe or permanent nature requiring additional residential restriction
- \_\_\_\_\_ Providing Handicap reserved parking may create an undue inconvenience to other residents in the area
- \_\_\_\_\_ Adequate Handicap reserved parking currently exists near residence
- \_\_\_\_\_ No Handicap or Severely Disabled Veteran license plate
- \_\_\_\_\_ PA Handicap parking Hangtag has expired
- \_\_\_\_\_ False or incompatible information provided
- \_\_\_\_\_ Other: