

**Anthony G. George**  
Mayor

**WILKES-BARRE CITY  
PENNSYLVANIA**



40 East Market Street  
Wilkes-Barre, PA 18711  
Phone: (570) 208-4164  
Fax: (570) 208-4101

**William C. Harris**

Director of Planning & Zoning/Zoning Officer

**New Reserved Handicapped Parking Information & Application**

*Several requirements must be met in order to be considered for a handicapped parking space:*

1. The application must be filled out completely with your signature and the date you submit the application.
2. A non-refundable application fee of \$20.00 must accompany your application. The check should be made payable to *The City of Wilkes-Barre*.
3. If approved, you will be required to file a renewal application each succeeding year by February 15<sup>th</sup>. The renewal form will be sent to you in January. The yearly renewal fee is \$10.00. A physician's signature is not required for an applicant previously adjudged permanently disabled.
4. You must have a handicapped license plate. You may apply for one from the Commonwealth of Pennsylvania, Department of Motor Vehicles. A handicapped placard does not meet this requirement.
5. The original application must be filled out and signed by your physician stating your disability.
6. You are not eligible if you have a driveway or if there is no legal parking in front of your home. The owner/driver of the vehicles must reside in the same home as you.

Your application will be placed on the agenda of the next monthly meeting of the Traffic Committee, which meets the 4<sup>th</sup> Thursday of each month at 11:00 AM in Council Chambers, 4<sup>th</sup> Floor, City Hall, 40 East Market Street, Wilkes-Barre, PA 18711. There is no need for you to be present. If you have any questions, please call the Office of Planning & Zoning at 570.208.4164.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sign Location \_\_\_\_\_

License Plate Type:       Handicapped       Permanently Disabled       100% Disabled Veteran

Plate # \_\_\_\_\_

Are you applying for a non-driving disabled person?       Yes     No

If you are a disabled driver, please answer the following questions

1. Do you live alone?       Yes     No

2. Do you have an attendant or home health aide on call?       Yes     No

3. Is the aide responsible for your transportation?       Yes     No

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**Residence/Building Information**

Type of Residence: Single Duplex Apartment Other: \_\_\_\_\_

Most accessible entrance: Front Side Back Other: \_\_\_\_\_

How many feet from curb to best entrance? (Example 10 ft.) \_\_\_\_\_

Is your residence on a corner?  Yes  No

Is there parking on both side of the street?  Yes  No

Is there a driveway available to the applicant?  Yes  No

**Type of vehicle that will be used:**

Compact Car Sedan Station Wagon Van Truck SUV Other: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Is the vehicle specially equipped?  Yes  No

Is yes, specify type of equipment: \_\_\_\_\_

Will you be operating more than one vehicle?  Yes  No

Is yes, specify type & registration: \_\_\_\_\_

**Disabled Person's Signature** \_\_\_\_\_

Applicant's Signature (if different from above): \_\_\_\_\_

**Disability (Section to be completed by Physician)**

Disability: Cerebral Palsy Multiple Sclerosis Amputee Arthritis Other: \_\_\_\_\_

Is the disability permanent or temporary?  Permanent  Temporary

If more than one disability is involved, please indicate: \_\_\_\_\_

Type of mobility aide used: Wheelchair (electric) Wheelchair (manual) Crutches

Walker None Other: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_