PURPOSE:

The Municipality offers a program to provide reserved on-street parking to residents whose mobility is limited to such a degree due to medical conditions, that reserved parking is required to allow those residents to function independently.

Please review the following eligibility requirements; if you are applicable, complete and submit this ENTIRE application packet to:

The Norristown Police Department
Norristown Municipal Hall - Ground Level
235 East Airy Street
Norristown, PA 19401-5003.

You may return the completed packet in person or by mail (NO EMAILS OR FAX COPIES) to the Police Department at the address listed above.

PROCESS:

NEW APPLICATIONS

Please complete, sign, and submit pages 1 through 8 of this packet for all first-time applications including signatures from your physician and notary public.

- Page 5 must be signed in front of a notary public sworn by the State of Pennsylvania, and notarized by that notary PRIOR TO SUBMISSION.

- Pages 6 and 7 of this application must be completed (including diagnosis and professional license number) and signed by your physician (MD, DO, NP, PA, or DPM). Chiropractors (DC) are NOT considered “physicians” under State Law. Approved permits are valid for one (1) year, and must be renewed annually.

- Page 10 (Neighbor Notification Addendum) is REQUIRED and your neighbors must sign/consent if the frontage of your property is less than 20 feet.

RENEWAL APPLICATIONS

Reserved parking spots for residents of Norristown with disabilities MUST BE RENEWED every year. Renewal forms will be mailed to the address indicated on this application in March of every year. We ask that you complete the renewal form and return it to the Police Department (235 East Airy Street, Norristown, PA 19401) by APRIL 1 of each year.

Reserved parking that is not renewed could be revoked by the Municipality.

Please allow EIGHT (8) Weeks from the submission date of this application packet for the approval process.
Please review the following eligibility requirements to ensure that you are qualified to apply for a reserved disabled parking permit in the Municipality of Norristown:

**ELIGIBILITY REQUIREMENTS & REQUIRED DOCUMENTS**

Each of these requirements must be met in order to be eligible for a disabled parking permit

<table>
<thead>
<tr>
<th>1. RESIDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Applicants must be residents of the Municipality of Norristown.</td>
</tr>
<tr>
<td>- Please submit with your application packet a copy of a current driver’s license that includes your name or current physical address dated within the last three (3) months and a copy of your current vehicle registration.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. PA DISABILITY PLACARD &amp; I.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Applicants must possess a valid PA State issued Person with Disability Parking Placard and I.D.</td>
</tr>
<tr>
<td>- Please submit a copy of your disability placard along with the I.D. card or valid PA disabled license plate. PLEASE NOTE: Applicants requesting a reserved disabled parking permit MUST BE ABLE TO DRIVE and possess a valid driver’s license and registration.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. LACK OF OFF-STREET PARKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There should be no off-street parking available for the applicant's property. Applicants will NOT BE ELIGIBLE if a driveway, garage, or any other form of off-street parking is available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. PHYSICIAN EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Applicants must have their physician complete Part 2 (the Physician's Certification form); the examination must have occurred within the past SIX (6) months to be considered valid.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. PROPERTY FRONTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The amount of space in front of the applicant’s property must be a minimum of twenty (20) feet. If the frontage is less than 20 feet, the applicant must also submit a neighbor notification addendum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. ACCEPTABLE OF APPLICABLE FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Applicants must agree to pay all applicable fees set forth in the Municipality’s Annual Fee Schedule.</td>
</tr>
</tbody>
</table>

**DETERMINATION:**

All requests will be investigated by the Norristown Police Department to ensure that all of the information submitted is accurate and that the applicant meets all eligibility requirements.

You will receive a determination notice from the Norristown Police Department informing you of your application's acceptance or denial and will provide a reason should your application be denied.

If your application is accepted by our Police Department, your application will be presented to the Municipal Council of Norristown for final approval. Once Council has approved your request, our Public Works Department will install a disabled parking sign in front of the property indicated on this application.
Please provide the following information by answering all questions completely and to the best of your ability:

### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF APPLICANT:</td>
</tr>
<tr>
<td>ADDRESS:</td>
</tr>
<tr>
<td>CITY / STATE / ZIP CODE:</td>
</tr>
<tr>
<td>PHONE (HOME):</td>
</tr>
<tr>
<td>EMAIL:</td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
</tr>
<tr>
<td>OCCUPATION</td>
</tr>
</tbody>
</table>

### VEHICLE INFORMATION:

<table>
<thead>
<tr>
<th>VEHICLE MAKE &amp; MODEL:</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGISTRATION PLATE #</td>
<td></td>
</tr>
<tr>
<td>HANDICAP PERMIT #</td>
<td>EXPIRATION</td>
</tr>
<tr>
<td>ARE YOU THE PRIMARY OPERATOR OF THIS VEHICLE?</td>
<td>YES</td>
</tr>
</tbody>
</table>

If No, who are you dependent on for transportation?

<table>
<thead>
<tr>
<th>ADDRESS (IF DIFFERENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
</tr>
<tr>
<td>STATE/ZIP CODE</td>
</tr>
</tbody>
</table>

### DESCRIBE THE NATURE OF YOUR DISABILITY:
Please provide the following information by answering all questions completely and to the best of your ability:

<table>
<thead>
<tr>
<th><strong>DOES YOUR DISABILITY AFFECT YOUR ABILITY TO WALK?</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(If yes, please explain how in the space below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DO YOU HAVE A GARAGE OR OTHER OFF-STREET PARKING?</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(If yes, describe why it is not suitable for use)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **ARE YOU DEPENDENT ON MECHANICAL DEVICES TO GET AROUND?** (e.g. wheelchair, walkers, crutches, cane) describe below | **YES** | **NO** |

| **IS THE AREA IN FRONT OF YOUR RESIDENCE PRESENTLY POSTED WITH PARKING AND/OR STOPPING RESTRICTIONS?** | **YES** | **NO** |


I hereby make application for a Handicapped Parking Space in accordance with Title 75 Section 3345 (d) of the PMVC. I certify that all the information provided in relationship to this application is complete and true to the best of my knowledge and that the reserved parking space is for my personal use. I understand that false statements made herein are subject to the penalties of Title 18 PA C.S. Sec. 4904 relating to unsworn falsification to authorities.

APPLICANT SIGNATURE: _______________________________________________________________

I, _______________________________________________, being duly sworn, deposes and says that
the Applicant is the individual making the foregoing application for a reserved residential handicap parking space; that the answers to the foregoing questions and other statements are true to the best of his/her knowledge and belief.

Sworn to before me on _______ day of ________________, ________________

(Day) (Month) (Year)

Stamp: _____________________________________________

Notary Public

(FORM 107A-19-01ci)   Page 5 of 10
The Municipality of Norristown offers a program to provide reserved on-street parking to residents whose mobility is limited to such a degree due to medical conditions, that reserved parking is required to allow those residents to function independently. All descriptions and explanations concerning the applicant’s level of disability, diagnosis, and prognosis must be MEDICALLY EXPERT.

ANY QUESTIONS NOT ANSWERED ON THIS APPLICATION MAY RESULT IN IT BEING RETURNED TO THE APPLICANT OR THE APPLICATION BEING DENIED.

PLEASE TYPE OR PRINT CLEARLY

NAME OF APPLICANT: 

The undersigned hereby certifies as follows:

I examined the above named applicant on __________ day of __________________, _______________
(Day)  (Month)  (Year)

NAME OF PHYSICIAN:

OFFICE ADDRESS:

CITY / STATE / ZIP CODE:

OFFICE PHONE: EMAIL:

I certify that I am a board certified physician in the following areas:

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of Title 18 Pa C.S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on _______________ at _______________ 
(Day, Month, Year)  (Time)

By ______________________________
(Physician’s Signature)
PHYSICIAN’S CERTIFICATION OF DISABILITY
(To be completed by your physician)

Disability Status
Please refer to the functional guidelines sheet attached. Complete all that apply.

- [ ] Impaired or Non Ambulatory Disability (Sec. 1 and 2)
- [ ] Arthritis (Sec. 3)  Functional Class ________  Mobility Grade ________
- [ ] Amputation / Level and site (Sec. 4)
- [ ] Cerebrovascular Accident (Sec. 5)
- [ ] Pulmonary (Sec. 6)  Pulmonary A ________  Pulmonary B ________
- [ ] Cardiovascular (Sec. 7)  Functional Class ________
- [ ] Neurological (Sec. 8)
- [ ] Other: ______________________________________________________________

Please specify date and onset of applicant’s disability

Describe IN DETAIL the nature and extent of the disability (FOCUS ON MOBILITY LIMITATIONS)

In your professional opinion, will the applicant’s disability ever improve to the point that a reserved parking spot will no longer be necessary? (Please provide details below)

YES  NO

Does The Applicant Need To Be Lifted In Or Out Of Their Vehicle?

YES  NO

Is The Applicant Capable Of Driving?

YES  NO

Does The Applicant Medically Require The Use Of Portable Oxygen?

YES  NO

Does The Applicant Have Limited Or No Use Of One Or Both Legs?

YES  NO

Does The Applicant’s Physical Or Mental Impairment Prevent Them From Being Able To Walk A Distance Of 200 Feet Without Stopping?

YES  NO
FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA
RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether the one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him or her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages cause moderate to severe mobility impairment. Most sections include a “Note” area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant’s eligibility for reserved, residential parking for people with disabilities.

SECTION 1 Non-Ambulatory Disabilities
Impairments that require the applicant to use a wheelchair for mobility.

SECTION 2 Impaired or Assisted Ambulation
Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

**Note:** Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant’s medical condition qualifies the applicant for receipt of a reserved residential zone.

SECTION 3 Arthritis
This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

**FUNCTIONAL CAPACITY**
- Class III: Functional capacity adequate to perform only a few or none of the duties of usual occupation or self-care.
- Class IV: Largely or wholly incapacitated, uses wheelchair.

**MOBILITY ASSESSMENT**
- Grade II: The applicant can cross the road but cannot manage public transportation.
- Grade III: The applicant can use stairs but cannot cross roads.
- Grade IV: The applicant cannot use stairs.
- Grade V: The applicant can move from room to room with help.
- Grade VI: The applicant is confined to chair or bed.

**Note:** Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident.

SECTION 4 Amputation/Anatomical
This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

**Note:** Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

SECTION 5 Cerebrovascular Accident
This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk. These applicants must exhibit one of the following:

(A) Severe functional motor deficit in any of two extremities
(B) Severe ataxia affecting two extremities substantiated by appropriate by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

**Note:** Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.
FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA
RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

SECTION 6 Pulmonary Disabilities
People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:
(A) Dyspnea which occurs during such activities as climbing one flight of stairs or walking 100 yds on level ground.
(B) Dyspnea present on the slightest exertion such as dressing, talking or at rest.

Note: Applicants for reserved parking may qualify under either sections A or B; however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routing functions, this should be stated by the applicant’s physician.

SECTION 7 Cardiovascular Disease
This section applies to those individuals who, because of cardiac ills, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

FUNCTIONAL CLASSIFICATION
Class III Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest; however, less than ordinary physical activity causes fatigue, palpitations, and dyspnea or angina pain.
Class IV Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or angina syndrome may be present even at rest. Any physical activity will increase discomfort.

THERAPEUTIC CLASSIFICATION
Class D Patients with cardiac disease whose ordinary physical activity should be markedly restricted.
Class E Patients with cardiac disease who should be at complete rest, confined to a bed or chair.

Note: Those applicants who fall under Therapeutic Classification D may or may not be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal however, special circumstances such as traffic or terrain problems may be brought to light which allow approval or reserved parking zones in such cases.

SECTION 8 Neurological Disabilities
This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

NEUROLOGICAL DISORDER:
Damage to the central nervous system due to illness, accident, genetic or hereditary factors.

Note: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant’s mobility is impaired as a result of the resulting neurological disorder. The general rule for our purposes is if the applicant can walk one half of a city block without difficulty, he or she is not likely to require reserved residential parking.

SECTION 9 Other:
Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.
NEIGHBOR NOTIFICATION ADDENDUM
(REQUIRED if there is less than 20 feet in front of your property)

Sign Installation Agreement: I understand that since my property frontage is less than 20 feet from the property line to property line, it is my responsibility to obtain the signature of the owners of the adjacent properties indicating that they have no objections to the installation of this reserved parking space.

Consent of Adjacent Property Owner (Please read carefully):

I, ____________________________, certify that I am the owner of the property located at ____________________________, (Neighbor – Print Name)

__________________________________________________________________________________________________________ (Neighbor Address)

I understand that my neighbor has applied for a reserved disabled parking space in front of his/her property. I have no objections to the Municipality of Norristown installing a disabled parking zone completely or partially in front of my property.

Signature: ____________________________

Phone Number: ____________________________ Date Signed: ____________________________

Consent of Adjacent Property Owner (Please read carefully):

I, ____________________________, certify that I am the owner of the property located at ____________________________, (Neighbor – Print Name)

__________________________________________________________________________________________________________ (Neighbor Address)

I understand that my neighbor has applied for a reserved disabled parking space in front of his/her property. I have no objections to the Municipality of Norristown installing a disabled parking zone completely or partially in front of my property.

Signature: ____________________________

Phone Number: ____________________________ Date Signed: ____________________________

(last page)