

**APPLICATION FOR HANDICAP PARKING SIGN**  
**CITY OF SUNBURY**

Date: \_\_\_\_\_ Generic or Reserved Space: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

State Handicap Registration Number/Placard Number: \_\_\_\_\_

(Must Provide Photocopy)

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

If you are a disabled driver, answer the following accordingly:

1. Do you live alone? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you have an attendant or health aid on call? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Does the aid or attendant have responsibility for your transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Do you Own your current residence or Rent? \_\_\_\_\_

**DISABILITY (to be completed by Physician)**

Type of Disability: \_\_\_\_\_

Is disability permanent or temporary: \_\_\_\_\_

Type of mobility aid used: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physician's Address

**RESIDENCE/BUILDING INFORMATION**

Describe the type of residence/building: \_\_\_\_\_ Do you Rent or Own \_\_\_\_\_

Most accessible entrance \_\_\_\_\_

Approximate distance between curb and entrance \_\_\_\_\_

Is the residence/building located on a corner? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have access to off street parking? \_\_\_\_\_ Yes \_\_\_\_\_ No

**VEHICLE INFORMATION**

Type of motor vehicle that will be used (van, car, truck, etc.) \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

Is your motor vehicle specially equipped? \_\_\_\_\_ Yes \_\_\_\_\_ N  
If so, state the type of equipment: \_\_\_\_\_

Will you be operating more than one vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Handicap Person

\_\_\_\_\_  
Signature of Applicant if different from above

Mail to:  
City Clerk's Office  
225 Market St.  
Sunbury, PA 17801

City Hall Administration Use Only

DPW Administrative Use Only

Received By \_\_\_\_\_

Approved

Denied

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

Reviewed By \_\_\_\_\_

Notes:

Date Approved/Denied \_\_\_\_\_

Date Installed \_\_\_\_\_

Generic or Reserved

Installed By \_\_\_\_\_

Paid: \_\_\_\_\_

Date Removed \_\_\_\_\_

Application Fee: \$25.00

Designated Space: \$75.00

Removed By \_\_\_\_\_

Annual Renewal Fee: \$25.00