

HANDICAPPED PARKING REQUESTS

A Handicapped Parking Space is a special designation to provide a parking space for those individuals with medical needs which preclude their ability to walk any distance to their residence. It must be created by ordinance and carries a minimum fine of \$100 for misuse. In a City where parking is at a premium, it serves to further restrict parking in residential neighborhoods.

All requests for designation of a Handicapped Parking Space shall be

1. Submitted to Mayor and Council in writing.
2. Include a copy of the Handicapped placard and/or identification card issued by the State of New Jersey Motor Vehicle Commission.
3. Include a copy of the applicant's current motor vehicle license and registration.
4. If the applicant does not drive or does not own a vehicle, then the license and registration of the member of the household who is responsible for driving the applicant shall be included.

All requests for Handicapped Parking Spaces will be reviewed by the Director of Public Works and the Police Director for review and comment.

When this information has reviewed and approved by Department Heads, it will be presented to Mayor and Council at the next regularly scheduled meeting. Mayor and Council will consider input from the Department Heads, the request from the resident, the need for a handicapped parking space in the vicinity and the availability of parking in the area on a regular day along with other pertinent factors.

Attachments:

- State of New Jersey Motor Vehicle Commission Application for License Plates and/or Placards for Persons with Disabilities.
- Sample letter.

Please call City Hall with questions regarding this application process.

Date:

To: Mayor and City Council Members
City of Lambertville
18 York Street
Lambertville, NJ 08530

Dear Mayor and Council Members:

I am a resident of the City of Lambertville and reside at the following address:

Street: _____

This letter is to request a handicapped parking space on the _____ (east, west, north, south) side of _____ (Street).

Attached to this letter you will find the following information:

___ Copy of the State of NJ MVC handicapped placard

___ Copy of current NJ driver's license and registration

___ I do not drive and designate _____ as the person responsible for my transportation. A copy of their license and registration is attached.

I can be reached at: _____ (phone number).

Sincerely,

Your signature