



DEPARTMENT OF POLICE
BOROUGH OF MUNHALL
PENNSYLVANIA

HANDICAPPED PARKING SIGN REQUEST FORM

APPLICANT NAME:

APPLICANT ADDRESS:

MUNHALL, PA 15120

APPLICANT PHONE NUMBER:

PLEASE READ AND COMPLETE THE FOLLOWING. FAILURE TO DO SO WILL RESULT IN AN IMMEDIATE APPLICATION DENIAL

1. Does the applicant possess a handicapped plate or placard? YES No
2. How many on-street parking spaces are situated at curbside directly in front of the residence and within two hundred feet (200') of an entrance to the residence? _____
3. Does the property have a garage within two hundred feet (200') of an entrance to the residence? YES No
If "YES", how many cars can be accommodated by this garage? _____
4. Does the property have other off-street parking (e.g driveway) within two hundred feet (200') of an entrance to the residence? YES No
If "YES", how many cars (estimated) can be accommodated by this parking area? _____
5. Are there any unique topographic problems accessing:
 - A) The garage? (if applicable) YES No
 - B) Other off-street parking areas? (if applicable) YES No
 - C) The available on-street parking spaces? (if applicable) YES No
6. Are there other designated "handicapped parking" space(s) within reasonable distance of the subject property? YES No

[see over)

REASON FOR APPLICATION :

NOTICE:

IF A SIGN IS ISSUED, THE APPLICANT MUST REAPPLY NO EARLIER THAN DECEMBER 1st OR NO LATER THAN DECEMBER 31st OF EACH CALENDAR YEAR

APPLICANT SIGNATURE:

APPROVAL OR DENIAL

FIRSTISSUANCE / REISSUANCE

For the reasons outlines herein, I hereby respectfully recommend to the Munhall Borough Council that the request by the above named applicant for the installation/reissuance of a handicapped parking sign be:

APPROVED: _____

DENIED: _____

OFFICER **J.** WILLIAMS:

POLICE CHIEF **P.** CAMPBELL:
