



RESIDENTIAL HANDICAPPED PARKING SIGN POLICY/APPLICATION

Department of Engineering -- City of Newport News



Mail application to: Traffic Operations Superintendent, 513 Oyster Point Road, Newport News, Virginia 23602

The following policy concerns the installation of handicapped parking signs on the public street:

1. The applicant must make a written request, on this form, to the Department of Engineering that includes:
 - a. Documentation of a DMV handicapped license plate or a certificate; and
 - b. A doctor's statement (use space provided below) that handicap affects the applicant's ability to walk or walk any significant distance; along with an indication as to the expected length of the handicap or that the handicap is permanent.
2. To be eligible, the applicant must not have a driveway to his or her property.
3. For the parking signs to remain, the applicant must make a written renewal to the Department of Engineering, annually, during December. The applicant or a relative must notify the department when the signs are no longer needed.
4. The handicapped parking signs will normally be located directly in front of the applicant's residence. If such space is not available, the Department of Engineering may consider other factors in determining where the signs will be located.

If the request is approved, the Department of Engineering will so notify the applicant in writing. A copy of the letter will be forwarded to the Police Department for enforcement.

THIS SECTION MUST BE COMPLETED BY THE APPLICANT

(NAME: Last First Middle) (Telephone Number)

(ADDRESS: Street, City/State Zip Code)

Is there a driveway? Circle one: YES NO Type of application? Circle one: NEW RENEWAL

Check this block if a copy of handicapped license plate receipt or a DMV certificate is attached. (Not required for renewals if handicap is permanent.)

Check this block and ask your doctor to complete the following (circle number and fill-in blanks, if any):

1. Handicap affects applicant's ability to walk or walk any significant distance.
2. Applicant's handicap is expected to last _____ years.
3. Applicant's handicap is deemed to be permanent.

I certify that the information I have furnished is correct:

Doctor's stamp and signature (not required for renewals):

(Signature of Applicant) (Date)

OFFICE USE ONLY — APPLICANT MUST NOT WRITE BELOW THIS LINE

Date completed application received: _____

Application review by: _____

Application approved (circle one): YES NO by _____ on _____

If not approved, give reason: _____

If approved:

Work order #: _____ Date: _____

Response to applicant by (Name): _____ Date: _____

Date of notification to the Police Department: _____