

TOWNSHIP OF UNION
APPLICATION FOR ON-STREET HANDICAPPED PARKING
GUIDELINES FOR HANDICAPPED PARKING

Before you fill out the attached application, please be certain that none of the following apply to you or the front of your property:

1. State of New Jersey parking prohibitions:
 - a.) Within 25 feet of a sideline of a street
 - b.) Within 25 feet of a crosswalk
 - c.) Within an intersection
 - d.) Within 10 feet of a fire hydrant
 - e.) Within 50 feet of a stop sign
2. Areas listed in the Township of Union Municipal Code and posted on the street:
 - a.) No stopping or standing
 - b.) No parking anytime
 - c.) Bus Stop
 - d.) Loading Zone
 - e.) Any area marked for time restricted parking

3. Driveways (off-street parking). It is the policy of the Township of Union not to grant a handicapped parking space to those who possess off street parking **unless special circumstances exist and are approved by the traffic division of the Police Department.**

Should any of the above mentioned apply to you the Township of Union will not be able to issue a handicapped parking space.

Also please note that the State of New Jersey requires that in order to establish a handicapped parking space, it must be at least 22 feet in length. If your property does not have the necessary frontage you are **required to advise the adjoining property owners of sign being place of their property.** The consent form is attached.

Please fill out the application as completely as possible. All of the information obtained will be used in making a final decision of providing the handicapped parking space. Once the application has been received by the Traffic Division the investigation will begin. Please allow two to three months to complete the entire process. **Please be patient.**

TOWNSHIP OF UNION

APPLICATION FOR HANDICAPPED ON-STREET PARKING

The applicant must be handicapped in such a manner that he or she has been prescribed a mobility aiding device. This device can include a cane, walker, wheelchair, crutches and/or artificial limb.

1. A professional medical doctor must certify the condition of the applicant using the attached form.
2. A copy of the following must be submitted:
 - a.) Handicapped Person Identification Card issued by the State of New Jersey, Division of Motor Vehicle. Telephone -609-292-6500.
 - b.) N.J.D.M.V. Issued Driver's license
 - c.) N.J.D.M.V. Vehicle Registration
3. The handicapped parking space may be in front of one or two houses. Affected property owners **should** give permission by completing this form.
4. The applicant must be available for a police interview.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____ Cell: _____

Office Use Only:	
Approved: _____	Denied: _____
Date: _____	Name of Person Granting Approval: _____
Ordinance No. _____	Date Adopted: _____

TOWNSHIP OF UNION
APPLICATION FOR HANDICAPPED ON-STREET PARKING

Re: _____

Dear Doctor:

By virtue of the numerous applications for curbside handicapped parking privileges in the Township of Union and our very limited facilities in certain neighborhoods it is necessary to review all applications initially and periodically thereafter to determine justification for a handicapped parking space.

To this end, we are obligated to request that your initial certification of need on behalf of _____ be elaborated. The applicant must be non-ambulatory and use a device such as a wheelchair or crutches prescribed by a physician for a permanent handicap condition. We will also require that your certification be renewed periodically.

The applicant has authorized you to provide the following information in clarification of your opinion.

All responses are intended to relate an opinion based upon reasonable medical probability.

I CERTIFY THE ATTACHED INFORMATION TO BE TRUE

Physician's Signature

Date

Physician's Name

M.D. or D.O. License Number

Physician's Address

I hereby authorize my physician or hospital to provide the information requested on this form and to discuss my medical condition with representatives of the Township of Union.

Applicant's Signature

Date

TOWNSHIP OF UNION
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HANDICAP PERMIT MEDICAL FORM

Please have your primary care physician or specialist complete this medical form.

Please explain in detail:

1. Please include all medical problems and state how they may impact on the need for an on-street handicapped parking space.

2. What assistive device does the patient use, if any? (i.e. cane, walker, etc.)

3. What are the patient's physical limitations, if any? (i.e. walking distances)

4. What is the prognosis for the patient's condition?

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Date: _____

I understand that a handicapped parking space has been requested in front of

_____ by _____

Address

Applicant's Name

Further, I understand that because of parking restrictions and/or insufficient property frontage, this space would have to extend across art or all of the front or side curb line of my property.

This is to advise that I (check one) do _____ do not _____ give permission for this installation.

Signature of Property Owner: _____

Property Address: _____

Phone Number: _____ Cell: _____

Additional Comments: _____

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Date: _____

Dear: _____

Your application is being tabled until the following information is presented to our office:

- _____ A professional medical doctor must certify the condition of the applicant using this application form.
- _____ Copy of Disabled Person ID
- _____ Copy of New Jersey Driver's License
- _____ Copy of New Jersey Vehicle Registration
- _____ Consent form from a neighbor for parking in front of their property must be obtained if desired space will be placed in front of 1 or 2 homes.

If you have any questions or request additional information feel free to contact the traffic office at 908-851-5070 between the hours of 8:00am-3:00pm.