

CITY OF BUTLER



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Health Inspector

HANDICAPPED PARKING IN RESIDENTIAL AREAS

1. **PURPOSE.** To prescribe City policy and procedures for processing requests from City residents for handicapped parking spaces in residential areas. This Letter of Instruction (LOI) supersedes the City's LOI dated September 18, 1997, subject as above. A copy of the superseded LOI is on file in the Office of the City Clerk.
2. **REFERENCE.** Section 3354, Commonwealth of Pennsylvania Vehicle Code.
3. **BACKGROUND.**
 - a. Section 3354 (d)(2) of above reference contains the following:

“At the request of any handicapped person or severely disabled veteran, local authorities may erect on the highway as close as possible to their place of residence a sign or signs indicating that place is reserved for the handicapped person or severely disabled veteran, that no parking is allowed there by others, and that any unauthorized person parking shall be subject to a fine.”
 - b. Any person bearing a handicapped or severely disabled veteran license plate or placard may also park in that space, and that space is **not reserved exclusively** for the individual who requested it.
 - c. Section 3354(d)(3) provides policy for signs designating handicapped parking spaces in residential areas and authorizes local governments to charge persons requesting those spaces for the costs of signs.
 - d. The minimum fine for violation is \$50.00, and the maximum fine is \$200.00.
4. **POLICY.**
 - a. It is the policy of the City of Butler to designate parking spaces reserved for handicapped persons or severely disabled veterans in residential areas providing applications for such parking spaces are approved.

- b. Designated parking spaces resulting from successful application will remain in effect for one year.
- c. Applicants whose application for a handicapped parking space was approved are required to renew it each year during the month of October. .
- d. Approved handicapped parking spaces in residential areas will be removed when the applicant no longer resides at the address contained in the application.
- e. All applications for such parking spaces must be made as outlined herein.

5. REQUIREMENTS FOR APPLICATION.

- a. Applicant must reside in the City of Butler.
- b. Applicant must not have accessible off-street parking available at his/her residence (driveway, parking pad, or garage).
- c. Applicant **must possess a handicapped license plate or placard** issued by the Commonwealth of Pennsylvania.
- d. Application must be made using the form attached as Enclosure 1.
- e. Applicant must submit physician's certification on the form attached as Enclosure 2.
- f. The application fee is \$30.00 (to be paid by successful applicants only – there will be no charge for applications that are not approved). The fee is for new parking spaces only and is used to pay for the cost of sign installation. Annual renewal applications do not require an application fee.

6. PROCEDURES.

- a. Applications will be submitted to the Office of the City Clerk (140 West North Street).
- b. Applications will consist of two forms (Application for Handicapped Parking and Physician's Certification) provided at Enclosure 1 and 2.
- c. Applications that indicate that the applicant does not have a handicapped license plate *or placard* issued by the Commonwealth of Pennsylvania will not be processed.
- d. Applications will be forwarded to the Chief of Police who will conduct a site visit. After this site visit and review of the application, the Chief of Police will either approve or deny the request.

- (1) The Chief of Police will evaluate applications based on his determination of need, other parking remedies and public safety.

- (2) After making his determination, the Chief of Police will return the application forms to the Office of the City Clerk. The City Clerk will notify successful applicants and provide instructions for payment of their application fee to the City Treasurer.
 - (3) The City Clerk will also direct the Foreman, City of Butler Streets Department, to post necessary signs at the approved location.
 - (4) Once necessary signs are posted, the City Clerk will return approved applications to the Chief of Police for filing.
 - (5) The Chief of Police will provide an annual report to City Council during the month of November summarizing the status of reserved parking spaces granted in accordance with procedures outlined above.
- e. Unsuccessful applicants may appeal the decision of the Chief of Police by writing a letter to the Mayor and City Council.

Thomas P. Donaldson
Mayor
January 20, 2016

2 Enclosures

Application for Handicapped Parking in Residential Areas
Physician's Certification

City of Butler
Application for Handicapped Parking in Residential Area

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone No.: _____ (Date of Application)

1. TO BE COMPLETED BY APPLICANT

- A. Do you possess a handicapped license or placard issued by the Commonwealth of Pennsylvania?
 Yes _____ No _____ If yes, plate/placard No. _____
- B. Are you a resident of the City of Butler: _____
- C. Do you have accessible off-street parking in a driveway, parking pad or garage at your residence? Yes _____ No _____
- D. This is a **NEW** application _____; OR a **RENWAL** _____.

2. Applications must be accompanied by a completed copy of the attached physician's certificate for first-time applicants **and** for annual renewals.

3. Applicants with approved handicapped spaces must renew their applications each year during the month of October. Those who fail to renew their application will no longer be entitled to a handicapped parking space. If an applicant moves or passes away the City must be notified so that the parking sign can be removed.

Applicant's Signature

<u>(FOR OFFICE USE ONLY)</u>	
Date of Application _____	Date of Site Inspection _____
APPROVED: _____	DENIED: _____
Application Fee Received on (Date): _____	Check No. _____ Cash _____
Work Order Issued Date: _____	By _____
Sign Installed On _____	Streets Dept. Foreman Initials _____

City of Butler
Application for Handicapped Parking in Residential Area

Physician's Certification

Applicant's Name _____

I, the undersigned physician, do hereby certify that:

- I am a physician in good standing currently licensed to practice medicine in the Commonwealth of Pennsylvania.
- The above-named person (applicant) is currently under my care; and
- That the applicant (check all that apply).

_____ Cannot walk a minimum distance of 200 feet without stopping to rest.

_____ Is restricted to a wheelchair.

_____ Requires use of a walker and/or crutches.

_____ Is restricted by lung disease to such an extent that his/her forced expiratory volume for one second, when measured by spirometry, is less than one liter of the arterial oxygen tension is less than 60 MM/HG of room air at rest.

_____ Uses portable oxygen.

_____ Has a cardiac condition to the extent that his/her functional limitations are classified in severity as Class III of Class IV according to the standards set forth by the American Heart Association.

Physician's Name _____

Corporate Name (if different) _____

Type of Practice _____

Business Address _____

Business Telephone No. _____ Date _____

Physician's Signature _____